

Foxglove Care Limited

Foxglove Care Limited - 18 Hall Leys

Inspection report

Kingswood
Hull
Humberside
HU7 3GN

Tel: 01482826103
Website: www.foxglovecare.co.uk

Date of inspection visit:
08 November 2019

Date of publication:
20 December 2019

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.

Foxglove Care Limited - 18 Hall Leys is a residential care home that was providing personal care to 2 people at the time of the inspection. The service can support people with a learning disability or autistic spectrum disorder.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using the service and what we found.

People were safely supported and protected from harm. Safeguarding systems and ways of managing risk were well used. Sufficient numbers of suitable staff were employed. Staff managed medicines safely and followed good infection control and prevention practices to protect people from harm. Staff learnt lessons when problems arose.

People's needs were met, through effective assessment and reviewing of support. People were supported by trained staff who knew about people's needs and diagnosed conditions. People's lives were comfortable as the premises were suitably designed. Staff worked consistently well with other social and healthcare professionals. 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.

People and staff's diverse needs were respected. The provider promoted people's privacy and dignity and encouraged their independence. People's views on their care and support were listened to and they were supported by caring and compassionate staff. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Staff provided individualised care through person-centred support plans, which meant people experienced the support that best suited them. People's communication needs were well met using systems and good practice. Their concerns were satisfactorily responded to, addressed and well managed. People were assured a good end of life experience when the time came.

The registered manager promoted a positive culture among the workforce. They and the staff team understood and acted on their duty of care responsibilities to be open and honest. Staff were clear about

their roles, monitored people's changing needs and sought to improve the care people received. They engaged and involved people in deciding what care they were given and how. Partnership working was well established with other organisations for the benefit of people that used the service. All of this meant people experienced a well-run service where their needs were met.

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

Rating at last inspection.

At the last inspection the service was rated good (published 23 June 2017).

Why we inspected.

This was a planned inspection based on the previous rating.

Follow up.

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Foxglove Care Limited - 18 Hall Leys

Detailed findings

Background to this inspection

The 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Foxglove Care Limited - 18 Hall Leys is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We contacted the local authority contracting and safeguarding teams to ask for their views of the service. We reviewed information we had received from the provider about people at the service since the last inspection, such as, restrictions placed on people, injuries, deaths and allegations of abuse. We asked the provider to complete a provider information return (PIR) prior to the inspection. We used the information the provider sent us in the PIR. This is information providers are required to send us with key information

about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at information we already held about the service and what people had told us. We used all this information to plan our inspection.

During the inspection-

We spoke with the two people that used the service about some of their experience of care. We spoke with the registered manager, a team leader and four support staff. We viewed a range of records. These included two people's care files, medication sheets, quality assurance, premises safety and staffing documents. We looked around the premises. We observed people interacting with staff who assisted people to tell us what they liked and preferred in life.

After the inspection

We continued to seek clarification from the provider to validate evidence we found. We looked at training data and information on staff and service users' surveys. We also spoke with relatives of the people that used the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm. Relatives told us, "I feel [Name] is safe" and "I have no worries that [Name] is protected. They would make clear to me any worries they had or if they were unhappy with anything."
- Staff were trained in safeguarding people from abuse and demonstrated knowledge of their responsibilities. The systems in place meant safeguarding incidents were safely managed and referred to the local authority safeguarding team.
- Notifications were sent to CQC of events and incidents the provider was legally required to send.

Assessing risk, safety monitoring and management

- The provider ensured risks to people were reduced. Staff received appropriate information about potential risks to people and followed the documentation.

Staffing and recruitment

- Staffing and recruitment were safely managed.
- Staffing numbers were sufficiently maintained and rotas in place ensured the numbers of allocated hours were used to meet people's needs. A relative told us, "There are always enough staff and I believe [Name] still get 2-1 support when out in the community." Staff confirmed there were enough of them on duty to support people well.
- Recruitment records evidenced that staff were employed in line with the provider's policy and best practice expectations.

Using medicines safely

- The provider safely managed medicines. People received them according to prescribed instructions. Staff who administered them were trained to do so and had their competency assessed.
- People's support plans contained guidance on how they required their medication administering and records accurately showed when they had taken medicines and who had supported them.

Preventing and controlling infection

- The provider managed the prevention and control of infection well. A relative told us, "The home is always clean when I visit."
- Support staff carried out the cleaning and cooking, were trained in infection control and prevention as well as food hygiene and followed good practice guidelines.

Learning lessons when things go wrong

- The provider and staff learned lessons from incidents, accidents and events that may not have gone to plan. The staff recalled times when they had learned lessons from past events, as people had complicated needs, that sometimes, required higher levels of support. People received one-to-one support.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 received effective care. Assessments of needs were carried out and documented. Staff used these to guide them on the best ways to support people.
- People's relatives gave positive feedback about the support their family members received. They told us, "[Name] is supported how he needs to be and I often get phone calls to ask my thoughts on any health care for instance" and "I have no doubt that [Name's] support is effective and according to their needs."
- People's rights were respected and their diverse needs supported in a way that made sure they were not discriminated against. Staff monitored people's needs and provided flexible support.

Staff support: induction, training, skills and experience

- People were supported by staff with experience and knowledge to effectively carry out their roles. The provider enabled staff to gain the skills required. A relative told us, "When staff are well trained, then they usually cope with [Name]."
- Staff completed induction to their roles and appropriate training. They received supervision and annual checks of their performance. Staff support systems were monitored, reviewed and updated.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were effectively supported with food planning and preparation and making healthy choices with meals. Staff explained about people's dietary requirements being a challenge sometimes, but they always encouraged healthy eating. Relatives told us, "[Name] diets to keep their weight down" and "I am sure staff try to help [Name] stick to healthy meals, but they know what they prefer."
- People were supported to access the services of healthcare professionals and staff maintained good working relationships with other professionals for the benefit of the people they supported.
- Staff supported people to maintain healthy lifestyles of their choosing and also respected people's decisions when their choices were unexpected.

Adapting service, design, decoration to meet people's needs

- The premises were a domestic dwelling in a residential suburb of the City of Hull, which blended in with the surrounding properties. There were no visible features to identify it as a care home. Relatives liked that their family members lived in an ordinary house in the community.
- Private space was personalised and comfortable. Communal furniture and decoration were suitable to meet people's needs. A sensory room provided somewhere for people to spend time alone if they wished.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights were protected. The registered manager had submitted applications under the MCA and DoLS to the supervisory body for authorisation. When authorised these were monitored, reviewed and kept up-to-date.
- Staff were trained in MCA principles, ensured people were involved in decisions about their care and knew what they needed to do when decisions were made in people's best interests.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- Staff were caring. People trusted staff, as they sought their company and responded well to their interactions. A relative said, "Staff love [Name] to bits."
- Staff had a calm approach. They spent time getting to know people's preferences, so they could support them in a way they liked. Staff told us, "We have learned to understand people's needs" and "We know people's likes and preferences and help them to be independent in all things."
- People's diverse needs were understood and staff supported them to achieve their aims and goals. One person with limited language was supported with their daily routines, activities and pastimes. Any preferences and choices they made were fully respected. Their relative told us they had a really good lifestyle.
- Another person was described by staff as 'possibly bored', but they were working closely with them to find new experiences and occupation. The person already had planned activities and routines, but was sometimes limited by their rituals of daily living. Their relative felt they were well supported to experience different things and events.

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

- People were supported to express themselves and staff took the time to listen. People made daily decisions about their care and had structured plans in place to support their wellbeing.
- Staff worked with people and their families to find out how they liked and preferred to be supported. Details were recorded and regularly reviewed in people's care files.
- People were supported to develop and maintain relationships. Some social networks and links within the local community had been established with and for them. People accessed local services and transport.

Respecting and promoting people's privacy, dignity and independence

- People were respected as individuals with diverse needs, around disability, gender, age, sexual orientation and beliefs. Their privacy and dignity were protected when staff supported them with personal care needs. Relatives felt people were given the respect they needed and appropriate time and space for themselves. Staff discreetly managed people's private and confidential information.
- Independence was encouraged to visit doctors and dentists, for example. People were encouraged to access the local community, so they could live according to their preferences. A relative told us, "[Name] is encouraged to be independent but they don't see danger so need lots of guidance."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider responded to people's needs and met them. Relatives told us, "[Name] makes clear how they want to be supported, what they like and don't like, and staff respond" and "[Name] is very easy going and staff can offer almost anything. [Name] will be happy to do most of it."
- People received person-centred care and support with personal, social and psychological needs in line with their support plans. People and their families were fully involved in planning and reviewing care, and support plans were satisfactorily recorded, monitored and reviewed.
- People were supported to be included in the community, establish relationships and avoid isolation.
- Staff assisted people to visit or keep in touch with their family and friends, who were always made welcome when they came to the service. Relatives confirmed this was the case. People were encouraged to find and take part in activities, pastimes and occupation of their choice and preference.
- Activities were tailored to people's individual interest, but sometimes people lacked motivation. These included social events, keeping bedrooms clean and tidy, doing laundry, shopping or enjoying community-based entertainments and pastimes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider responded well to people's communication needs.
- People's needs were appropriately assessed and met, and strategies used to provide them with the information in a format they understood. Relatives felt people were listened to and given the appropriate information they needed.
- Communication passports informed staff and healthcare professionals about people's needs should they attend appointments in the community.

Improving care quality in response to complaints or concerns

- The provider listened, responded to and addressed complaints. Relatives told us they had been able to raise issues in the past and these had been addressed. No new complaints had been made in a long time.
- People had a pictorial complaint procedure to follow to make formal complaints. Staff assisted people to complete the complaint form. Family members and others involved in people's support needs had written instructions on how to complain.

End of life care and support

- Support to people with end of life care was available.
- People or their relatives could make choices about the end of life care they wanted, but the questions had not formally been asked and so documentation on this topic was blank. The registered manager had plans to speak with relatives very soon, who told us the subject had yet to be brought up with them.
- We were assured people's end of life care would be as comfortable and peaceful as possible, when it was needed. Appropriate professional support would also be sourced when necessary.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- A friendly, homely, caring and positive culture was promoted and people experienced good outcomes because of this. People were guided to maintain lifestyles of their choosing and were supported in a person-centred way. Relatives told us, "As far as I can see the service is well run" and "I can speak to management any time. They are approachable, but staff are also good at dealing with things."
- People needs were met regardless of age, disability, gender, sexual orientation and beliefs. Staff demonstrated a positive outlook in the roles they performed and the support they gave to people.
- Staff told us they looked for ways to improve people's quality of life, while supporting and encouraging them as individuals. Each person had their own routines and preferences, which were always taken into consideration.

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 provider fully understood their responsibility to be honest about the service provided to people. The registered manager and staff understood about accountability, being open to scrutiny and making apologies when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was well-led. A staffing structure was in place and staff were clear about their roles. They endeavoured to provide a quality service, manage risk, learn from shortfalls and improve the service. Relatives confirmed they received an annual satisfaction survey.
- The registered manager completed regular quality checks and audits. These led to monthly action plans being devised to address the shortfalls identified. Records showed when action was completed. Meetings were held and used as a forum to share practice and knowledge. All information gathered on the quality of the service was analysed and used to plan future improvements.
- The registered manager met the regulatory requirements of their registration for informing CQC of significant events that happened in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider fully involved people. Partnership working was effective.

- Links with the local community were established for the benefit of people that used the service.
- Information gleaned in satisfaction surveys, issued to people, relatives and staff, was analysed to determine shortfalls and areas for improvement. Action plans then addressed the areas for development.
- Effective staff working relationships with other organisations and professionals ensured people received the right support.