

Foxglove Care Limited

Foxglove Care Limited - 3 The Causeway

Inspection report

Kingswood
Hull
Humberside
HU7 3AL

Tel: 01482828392
Website: www.foxglovecare.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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Foxglove Care Limited – 3 The Causeway is a small residential care home and is close to local shops and amenities. The service is registered to provide support to adults who may be living with a physical disability, learning disability and autism. The service was supporting three people at the time of our inspection.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Care:

Staff understood how to protect people from poor care and abuse, however the system to review safeguarding's was not always effective. We have made a recommendation about safeguarding. There were enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. We observed positive interactions between people and staff. People's care and treatment support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Relatives told us they were involved in care planning and could attend meetings. Staff assessed people's risks appropriately and encouraged and enabled people to take positive risks.

Right Support:

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 were supported by staff to pursue their interests and achieve their aspirations and goals. Relatives told us the service provided activities people enjoyed doing such as swimming, bowling and going out weekly for pub lunches. The service gave people care and support in a safe, clean, well-furnished and well-maintained environment. People were supported to make decisions following best practice in decision making and staff communicated with people in ways that met their needs.

Right Culture:

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality of life of their choosing. Staff told us they enjoyed their job and making a positive difference to someone's life. Staff turnover was low, which supported people to receive consistent care from staff who knew them well. People and those important to them were involved in planning their care and staff evaluated the quality of care provided to people, involving the person, their families and other professionals as appropriate. Staff ensured risks of a closed culture were minimised so that people received support based on transparency,

respect and inclusivity. Relatives told us when they visited the service the atmosphere was good, staff were always pleasant and smiling and there is nothing they would change.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 August 2019) and there were breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 15 August 2021. A breach of legal requirements was found. The provider was asked to complete an action plan after this inspection to show what they would do and by when to improve their governance systems.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Foxglove Care Limited – 3 The Causeway on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector, a medicines 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

Foxglove Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Foxglove Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of care provided. We spoke with seven members of staff, including the operations manager, the registered manager, the home manager and four care workers.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and three people's medication records. We looked at two staff files in relation to recruitment and supervision. We reviewed a variety of records relating to the management of the service. We also received information from one health care professional who visits 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns had not always been reported appropriately.
- Although the registered manager had a system in place to support safeguarding concerns, further work was needed to ensure this was effective.

We recommend the provider reviews their systems for reporting safeguarding concerns and updates their practices accordingly.

- Staff knew people well and understood how to protect them from abuse. Relatives told us people were safe. One relative told us "There is always enough staff around to look after [Persons name], I know he is safe and well looked after."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and welfare were assessed appropriately.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- People's care records helped them get the support they needed, they contained good quality information to support staff to meet people's care needs. Staff kept accurate, complete, legible and up to date records, and stored them securely.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- The provider ensures lessons are learned and communicated widely to support learning in other areas of the organisation as well as the services that are directly affected.

Staffing and recruitment

- The service had enough staff, including for one to one support for people to take part in activities and visits how and when they wanted. Relatives told us they were happy with the staffing levels. One relative told us "The staff are a tight bunch and get on well, they always greet you at the door with a smile."
- Staff recruitment and induction processes promoted safety. Staff knew how to take into account people's individual needs, wishes and goals.
- Every person's record contained a clear one page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

Using medicines safely

- Medicines were managed safely. Staff followed effective processes to assess and provide the support

people needed to take their medicines. This included where there were difficulties in communicating and when medicines were given covertly.

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider had a system in place to support people to receive regular visits from family and friends, this included providing PPE if necessary.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 had their needs assessed. Care plans reflected a good understanding of how to care for people and meet their current needs. Staff also completed relevant assessments of people's communication support and sensory needs.
- People had care and support plans that were personalised and reflected their needs and aspirations, including physical and mental health needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training. This included training to support people with a learning disability or autism, communication, epilepsy, restrictive interventions and positive behaviour support plans. Relatives told us "staff have the training they need and do really well in taking good care of people."
- People who lacked capacity to make certain decisions themselves had decisions made by staff on their behalf in line with the law and supported by effective staff training and supervision.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

Supporting people to eat and drink enough to maintain a balanced diet; Adapting service, design, decoration to meet people's needs

- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.
- Staff encouraged people to eat a healthy and varied diet to help them stay at a healthy weight.
- People could have a snack at any time and were given guidance from staff about healthy eating.
- The environment was homely and stimulating. People were supported to have personalised family photographs on display to make the physical environment more appealing and homely. Relatives told us they thought the home was clean and personalised.

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

- People had health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services. One relative told us "They always keep me informed of any health appointments and always ring me to give me an update."

- Staff from different disciplines worked together as a team to benefit people. They supported each other to make sure people had no gaps in their care.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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.

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.

- Staff acted within the legal framework of the MCA. Staff had completed training in MCA and DoLS and understood the principles of the Act.
- Staff clearly recorded assessments and best interest decisions for people that were assessed as lacked capacity.
- For people lacking capacity to make decisions about their medicines, best practice was followed and there were safe processes around medicines being administered covertly.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to operate effective systems to monitor the quality and safety of the service. This was a breach of regulation 17(1) of the health and social care act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had governance processes in place that were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed. One relative told us "The home is well managed and the managers communicate things really well, you can tell [Home Manager's name] has a passion for caring."
- Staff were able to explain their role in respect of individual people without having to refer to documentation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. Relatives told us there was a family atmosphere within the home.
- The home manager worked directly with people and led by example. Staff told us "[Home Managers name] is really supportive and cares about people."
- Staff felt able to raise concerns with managers without fear of what might happen as a result.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement driven culture.

Continuous learning and improving care; 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 had a quality assurance system in place regarding, reporting, investigating and learning from

incidents when things went wrong, any actions were fed into the service and provider governance meetings.

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- Staff gave honest information and suitable support, and applied the duty of candour where appropriate.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- The registered manager was involved in provider engagement groups organised by the local authority which aimed to help to improve care services in the local area,
- The service was transparent and open. It worked within a multi-disciplinary team to provide joined up care to people.