

Foxglove Supported Living Limited

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Inspection report

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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

This comprehensive inspection took place on 17 May 2017. It was the first inspection of the service since it was registered in February 2016.

The service currently provides supported living to nine people with a learning disability, autism and /or physical disability who live in six houses and one flat within the community. The service is run from an office based in Sutton, Kingston upon Hull.

There was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Recruitment procedures were robust and there were sufficient staff providing support according to assessed needs to support people. Staff knew how to safeguard people from the risk of abuse and harm; they had received training and had procedures to guide them. There were procedures in place to manage risk which helped to ensure people were safe whilst not being too restrictive.

People's health and nutritional needs were met. People were supported to attend appointments and access community health care professionals for advice and treatment when required. Medicines were managed safely and staff ensured people received their medicines where necessary. Menus were planned by people who also did their own shopping on occasions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff approach was observed as kind, caring and friendly whilst remaining professional. Staff treated people with dignity and respect. There were positive comments made by people who used the service and visiting health and social care professionals about the support provided at this service.

Staff supported people to be involved in their care and to make choices about how they spent their time. Wherever possible, staff encouraged people's independence and supported them to access the local community.

We saw from records that staff had received training, supervision and appraisal for their development. Staff told us the registered manager was supportive of them. They felt listened to, able to make suggestions and were confident in supporting people who used the service.

There was a quality monitoring system in place which consisted of audits, checks, the management of complaints and obtaining people's views about the service. The checks were not always recorded but the operations manager assured us they would ensure these would be recorded in future.

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.

People were protected from abuse because staff had access to policies and procedures and had been trained in safeguarding adults.

Medicines were managed safely.

Risks to people were identified and staff had sufficient information about how to protect them from avoidable harm.

Is the service effective?

Good ●

The service was effective. Staff had the skills and knowledge necessary to support people effectively.

People's nutritional needs were met. They planned their menus and helped to prepare their food.

Staff ensured that people had access to healthcare professionals to support their physical and mental health.

Is the service caring?

Good ●

The service was caring.

Staff were caring and friendly, respecting people's dignity and privacy.

The organisation used the same staff teams to support people providing continuity for people. Staff and people who used the service knew each other well.

People were supported to maintain important relationships.

Is the service responsive?

Good ●

The service was responsive.

Peoples care reflected their needs and was reviewed regularly.

People chose their activities and staff provided support for people where necessary.

The one complaint received had been dealt with in line with the service policy and procedure.

Is the service well-led?

Good ●

The service was well led.

There was a clear management structure at the service with a registered manager in post.

There was an effective quality monitoring system in place but recording of checks would benefit from being more robust.

Staff felt valued and supported by managers.

Foxglove Supported Living Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 17 May 2017 and was announced. The provider was given 24 hours' notice because the location was a supported living service and we needed to be sure someone was available to speak with us.

The comprehensive inspection was carried out by one adult social care inspector.

Prior to our inspection, we checked all the information which we had received about the service including notifications which the provider had sent us. Statutory notifications are notifications of events that occur within the service, which enable the Commission to monitor any areas of concern. We consulted with a member of staff from a local authority contracts officer in advance of our inspection and they told us they had no concerns about the service.

The registered manager completed a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make. All of this information assisted us in planning the inspection.

On the day of our inspection, we spoke with three people who were receiving services, the operations manager, a house manager and two care workers. We examined two people's care plans and checked two staff recruitment and training records. We reviewed records relating to the management of the service such as tenancy agreements, policies and procedures and the complaints policy.

Following the inspection we spoke with the nurse in charge of the learning disability team, who supported people with complex and challenging needs. We requested a copy of the statement of purpose and further information about auditing services following the inspection which was provided promptly by the provider and house manager.

Is the service safe?

Our findings

People told us that they received a safe service. We asked a person if they felt safe and they said, "Yes, They [staff] help me." During the inspection we saw people were relaxed and comfortable in the presence of staff.

Safeguarding policies and procedures were in place. Staff were knowledgeable about what constituted abuse and they were able to tell us about the appropriate steps they would take to report any potential abuse if they suspected that it had occurred. There were systems in place to support people in managing their personal monies. Each transaction was recorded and receipts attached to each record. The money was checked daily by two staff and audited each week. The team leader then carried out checks following the audits.

Rotas showed us there was sufficient staff on duty at all times to meet the needs of people who used the service. This was confirmed in discussions with staff. One member of staff said, "There has never been an issue with the staffing arrangements. There is someone providing support twenty four hours a day." People who used the service had funded support for the number of hours assessed as necessary during the day and there were facilities within the house where staff stayed overnight providing remote support if required. The staff group was stable but if additional support was needed the service used the same agency for consistency.

Robust recruitment procedures meant that staff had the correct skills and were of appropriate character to work with vulnerable people. They completed an application form and provided two references which were checked. They also underwent background checks by the Disclosure and Barring service (DBS). DBS checks provide information about any criminal history and whether people are barred from working with certain groups. They help employers make safer recruitment decisions helping to prevent unsuitable people from working with adults or children who may be vulnerable.

Staff had the information they needed to support people to remain safe. Risks to people were identified and staff had sufficient information about how to protect them from avoidable harm. The risks identified for each person included areas such as accessing the community, anxiety, behaviours that challenged the staff and others and the use of sharp equipment in the kitchen. Staff understood how to support people to be safe. Staff used a behaviour scale which allowed them to observe people's behaviour, determine the level of danger the behaviour presented, and choose a safe, effective response to the behaviour.

Some staff were lone workers and so they carried a chaperone device which is a personal safety device. This meant that they were able to alert someone if they required assistance. Records of any incidents were maintained, which the registered manager monitored to identify any patterns. Staff discussed incidents at shift handovers and staff meetings, which ensured they learnt from incidents and understood how to minimise a recurrence.

We found medicines were managed well and people received them as prescribed. Checks of the medicines

administration records (MARs) showed balances were correct and that MARs were completed consistently. Medicines were ordered in a timely way, stored securely and disposed of appropriately. Team leaders checked the medicine records every week during their visit and no issues had been identified.

We saw there were systems in place for ensuring the environment was safe, which included the landlord safety checks and servicing for gas and electrical installations. Water checks had been completed and extractor fans and ventilation checked. In addition staff checked first aid box contents and made sure it was appropriately stocked.

Is the service effective?

Our findings

People we spoke with told us that they thought staff had the skills needed to provide them with support. One person told us, "They know what they're doing." Staff told us they received training, appraisal, supervision and support to enable them to feel confident when supporting people who used the service. A care worker said, "My supervision is done by the house manager." We saw that people were skilled and knowledgeable when supporting people. They worked as a team in each person's house. They had detailed handovers at each shift change in order that each member of staff was aware of any changes.

Records confirmed staff received a range of training considered essential by the registered provider and also related to the health conditions of people who used the service. This included autism, epilepsy and managing anxious and distressed behaviours. New staff members received an induction to their role to ensure they were equipped with the skills they needed to support people appropriately. One care worker told us, "I am always getting training. At the moment I am doing a course on autism. The training reflects the needs of each person and is specific."

People were supported to access routine medical support from healthcare professionals such as dentists and opticians, or more specialist support, such as that from the learning disability team, should this be necessary. Records also showed people were supported to attend medical appointments as and when necessary and they had annual reviews of their general health and specific needs. Each person had a health passport in their care records which was completed appropriately. These documents travelled with people to appointments so that health professionals knew the persons medical history and their current needs. We spoke to a community learning disability nurse who told us that one person, "Appears well in the service as the staff were managing their needs well."

Nutritional needs had been considered, assessed and well managed. People were fully involved, where possible, in the planning around the food they purchased, prepared and ate in order to remain healthy. People were supported to discuss and plan their menus on a weekly basis. We heard a person discussing what they would be having for their next meal later that evening. It was clear they would be preparing the meal together.

Each person had a food and drink care plan in place and, where necessary, associated risk assessments. For example one person had been identified as having an allergy. This was recorded clearly. One person had been supported to lose weight and had been successful. They were very proud of their achievement and showed us a before and after photograph.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in domiciliary care services are called the Deprivation of Liberty Safeguards (DoLS). However, unlike care homes, authorisation for DoLS has to be sought through the Court of Protection by the local authority that is known as the supervisory body in relation to DoLS procedures. None of the people we visited lacked capacity and so DoLS applications had not been made.

Staff asked for one person's permission before showing us around the flat they lived in and they gave their consent. We also observed staff providing people with choices about where they wanted to go or what they wanted to eat. People's ability to provide consent was assessed and recorded in their care plan.

Is the service caring?

Our findings

People told us that staff were friendly and we saw some practical but caring interactions during our visits to people's homes. People were treated with dignity and respect and staff supported them in a kind and caring way. This was confirmed in discussions with a person who used the service. The person told us, "I like the staff."

To ensure consistency the service used the same staff to support people. This meant that people got to know staff well and close relationships were developed. We saw that people and staff knew each other well and people had confidence in the staff.

We observed staff interacting with people and saw in some cases they used humour to connect with people whilst other people required a quieter, gentle approach all of which staff respected. People responded positively to different approaches and we saw there was good rapport between staff and people who used the service. One person was sat watching television with a care worker and the operations manager, chatting in a friendly way. A second person was 'pottering' around their home, listening to music. This demonstrated that people's preferences were acknowledged and respected. People were treated with dignity and encouraged to dress and choose activities according to their age and individual preferences.

People continued to be supported to maintain important relationships with people that mattered to them. One person's relative visited them at home every week and a second person visited their family with staff support.

Staff were very knowledgeable about people's needs. When we asked them how they supported people they described this in detail and they were fully aware of people's individual conditions, likes and dislikes and any recent changes in their health or behaviours. One person required specific support with their behaviour and staff were vigilant when following guidance. A healthcare professional described how the move to independent living had meant there had been benefits to their client's wellbeing. They said that they were often called out to support staff prior to the move but were rarely asked for support now because staff were meeting people's needs.

We saw people had some private time on their own when they went to their bedroom or when they used the bathroom. Staff remained close by in case people required support. Staff provided support when we spent time with people so that our presence had minimal impact on people.

People were supported to be as independent as possible. They were encouraged to tidy their rooms and prepare food with support. A care worker told us, "This company gives people the independence they wouldn't otherwise have." Where people did need support in decision making we were told that advocacy services could be accessed.

Is the service responsive?

Our findings

People received personalised care and support at the service. Each person had a care plan that outlined their specific needs with clear guidance for staff to follow. The care plans were reviewed regularly and records showed people had received care that was responsive to their needs. Staff were involved in planning their care where appropriate and one person told us, "I know about my care plan." Each person had a dedicated staff team who were allocated to oversee their care. The care records would benefit from including more pictorial information to better enable people's involvement.

Information about changes to people's needs was shared at staff meetings and handovers to ensure staff provided them with appropriate support. Records showed staff were working closely with the community learning disability team around the positive management of a person's behaviours. We saw that reviews were undertaken on a regular basis and that family and other key people were involved in and contributed towards these. The nurse in charge of the learning disability team told us, "If anyone has specific needs we will help staff with guidance and training. We are a multi-disciplinary team with an occupational therapist and speech and language therapist on the team. We undertake joint teaching."

People continued to be involved in various activities at their home and in the local community. Each person had some activities which took place on certain days, such as going to the gym or visiting friends and family. One person attended the gym and enjoyed going to karaoke at a local club. Staff planned holidays with people and accompanied them. One person had travelled to a major city with a support worker and had pictures of the trip in their home. One person supported a particular sports team and a member of staff had put up a large sticker with their sports club colours on their bedroom wall. Staff explained how people liked routine and structure, but staff worked flexibly and observed people's well-being and moods as this had an impact on people's ability to complete certain tasks or going out.

People received the support they required to help them prepare to live more independently when they moved from the children's' services. The service worked with relatives, healthcare professionals and other external agencies to ensure people transitioned safely to more independent living and had the appropriate resources in place.

We saw the service had a complaints policy and procedure which detailed who to contact and timescales to respond and investigate any complaints. Records showed there had been one formal complaint received about the service since the last inspection. The operations manager told us it was a complaint from a member of the local community and related to staff parking. This was taken seriously and being addressed. There were no complaints about the service provided.

Is the service well-led?

Our findings

This is the only service registered by the registered provider Foxglove Supported Living Limited. However, the registered provider, Foxglove Care Limited has eight services registered. The two companies are linked and have the same director and registered manager. There was a clear management structure with a director who was also the registered manager, an operations manager, three administration staff, managers of houses, team leaders and care workers all supporting each other.

The registered manager was not present for the inspection but the operations manager had a clear understanding of the key plans for the service, based on the organisational values and priorities. These values were based on providing a person centred service which supported people's independence and enabled them to live in the community, fulfilling their potential.

Feedback we received from people who used the service, staff and health and social care professionals, was that the service had an open and positive culture. Staff reflected the values of the organisation in their practice. A learning disability nurse told us that people using the service had settled very well because staff, "followed recommendations." When we spoke with the local authority they had no concerns about the service.

We saw communication between the registered manager, the staff team, people who used the service and other agencies was very good. Staff meetings were held monthly and the minutes detailed what had been discussed and any actions required. Staff were clear about their roles and responsibilities. They told us teamwork was good and all the managers including the registered manager were approachable, always listened and supported staff. Staff told us they felt valued and how much they enjoyed working at the service. One care worker said, "I have never felt undervalued. I have always been made to feel as if I am part of something."

We saw there were audits and checks carried out for areas such as medicines, care files, the environment, cleaning and safety issues but some of these had not been recorded. The service would benefit from recording all results of audits and developing action plans in order to learn and develop. The audits helped to improve the quality of the service and make it a safe place for people.

The operations manager told us they visited each location regularly. The visits took place on different days and at different times. They checked records, observed care support and communicated with people who used the service and staff. These visits had not been reported upon. We mentioned this to the operations manager and asked them to follow this up which they agreed to do.