

Foxglove Care Limited

Foxglove Care Limited- 33

Main Street

Inspection report

33 Main Street
Wawne
Hull
North Humberside
HU7 5XH

Tel: 01482826937

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02 October 2019

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25 October 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 –33 Main Street, is a care home providing personal care for one person who has a learning disability and/or autism. At the time of our inspection one person lived at the service.

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 this service

Care and support at this service was tailored to support that person's specific needs and preferences. Their relatives were fully involved in developing and updating their planned care. The person was supported with activities and interests to suit them. Relative's provided positive feedback about the staff and their caring nature.

The person was supported with their communication needs and staff demonstrated effective skills in communication. Recruitment checks were in place to ensure staff were suitable to work at the service. Staff had received training and support to enable them to carry out their role. We made a recommendation regarding updating training.

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 had positive links with health care professionals, which promoted the persons health and wellbeing. Medicines were managed safely. Accidents and incidents were monitored to identify and address any patterns or trends to mitigate risks. The provider had systems in place to safeguard people from abuse and staff demonstrated an awareness safety and how to minimise risks.

The registered manager led by example to ensure the person received a good service. Relatives and staff told us the registered manager was approachable and listened to them when they had any concerns. Feedback was used to make continuous improvements to the service.

The outcomes for the person using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. The persons support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 19 April 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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- 33 Main Street

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

One inspector carried out this inspection.

Service and service type

Foxglove Care Limited – 33 Main Street, 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 CQC. 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 announced. We called early on the morning of the inspection, to ensure someone would be available to meet us.

What we did before the inspection

We reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority. The provider sent us a provider information return prior to the inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the team leader and one support worker. We looked at the person's care record including medication administration records and a selection of documentation about the management and running of the service. We looked at recruitment information for one member of staff, staff training records, policies and procedures and records of complaints. We spoke with two relatives of the person using the service.

After the inspection

We spoke with the area manger regarding fire safety.

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; Staffing and recruitment

- The person was safeguarded from the risk of abuse. Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager knew to liaise with the local authority if necessary.
- Relatives told us they felt the person was safe at the service. One relative told us, "They are safe there without a shadow of a doubt."
- There were enough staff available to meet the person's needs.
- Staff were recruited safely; appropriate checks were carried out to protect the person.

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

- Staff understood where the person required support to reduce the risk of avoidable harm. The care plan and risk assessments contained explanations of the control measures for staff to follow to keep the person safe.
- The person was supported to take positive risks to aid their independence.
- Accidents and incidents were responded to appropriately. These were monitored, and the registered manager was able to describe how they had considered lessons learnt and implemented changes when necessary.
- Following the inspection, we spoke with the area manager regarding fire safety and assessment of risk. The area manager took advice from the fire service and changes were implemented to ensure people were safe.

Using medicines safely

- Medicines arrangements were safe and managed appropriately; the person received their medicines when they should.
- Medicines were safely received, stored, administered and returned to the pharmacy when they were no longer required.
- Protocols were in place for medicines prescribed for use 'as and when required' to guide staff when these medicines were required.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.
- The environment was clean and well maintained to prevent the risk of infection.

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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Some areas of training were out of date. The registered manager told us training was being sought but had not yet been arranged.

We recommend the provider continues in their efforts to source update training for staff, based on current best practice, in relation to the specialist needs of people living at the service.

- Staff received regular supervision and annual appraisals.
- Staff felt supported by the registered manager and told us they could approach them at any time for advice or support.
- A staff induction and training programme was in place. Staff told us that their induction was good and provided them with the knowledge and skills to support the person.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- Assessments of the person's needs were completed and care and support was regularly reviewed.
- Care and support was mainly planned, delivered and monitored in line with current best practice and evidence based guidance.
- The service provided a homely environment which met the needs of the person. The person was encouraged to be involved in making decisions about their environment including decorating and furniture choices.

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

- The person was being supported to maintain a balanced diet. The service had looked at new ways to promote and encourage this and this was proving successful.
- The person was protected from the risks of poor nutrition and dehydration.

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

- Guidance and support from healthcare professionals was obtained and followed. Information was shared with other agencies if the person needed to access other services such as hospitals. The person had an annual health check and accessed regular medication reviews.

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 with appropriate legal authority. 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, whether any restrictions on the person's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where the person did not have capacity to make specific decisions or consent to their care, records showed decisions had been made in the person's best interests.
- Applications to deprive the person of their liberty had been made and systems were in place to monitor this.

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 has 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

- The person was treated with kindness. One relative told us, "The staff are brilliant, they bend over backwards to support [Name of person]."
- The staff understood the person's way of communicating.
- The person's right to privacy was respected.
- Staff were friendly and demonstrated a passion for providing a good quality service.
- Staff had a good knowledge of the person's personality, their likes and dislikes and what they could do for themselves.

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

- Staff supported the person in decisions about their care. They knew when they needed external professional help to support decision making including health professionals and involving relatives.

Respecting and promoting people's privacy, dignity and independence

- The person was observed to be treated with compassion, dignity and respect. The care plan reflected how the staff could promote the person's right to privacy.
- The person was supported to remain as independent as possible. Staff could describe how the person was encouraged and supported to do things for themselves, including food preparation.
- Systems were in place to maintain confidentiality and staff understood the importance of this. The care file and other private and confidential information was stored securely.

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 has 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

- The person's needs and information on how best to meet their preferences were identified, met and reviewed. A relative told us, "Staff understand [Name of person] 100 percent and are spot on with them."

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

- Staff were knowledgeable about the person and had a good understanding of their preferences and interests; this enabled them to provide personalised care.
- The person engaged in the local community including a local dancing and music club, supermarkets and bowling.
- The person was supported to maintain relationships with family through phone calls and regular visits.

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 person's communication needs were identified, and reasonable adjustments were made.
- A communication plan supported staff to understand the person's forms of communication.

Improving care quality in response to complaints or concerns

- There was systems in place to respond to any complaints. The complaints procedure was available within the service.
- Relatives knew how to make complaints. One relative told us, "If we ever raise a concern it is dealt with swiftly by the registered manager."

End of life care and support

- At the time of the inspection no one was being supported with end of life care. The registered manager was in the process of developing an end of life care plan in conjunction with family.

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 has 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.

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

- The service was organised and well-run and the registered manager understood their legal responsibilities to ensure regulations were being met.
- The culture of the service was open, honest and caring.
- The person was treated with respect and in a professional manner.
- Regular checks ensured the person was safe and relatives were happy with the service the person received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- Staff and the registered manager involved the person's relatives in discussions about their care.
- Staff told us the registered manager and higher management were approachable.

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 management team were open and transparent when dealing with issues and concerns. They understood their responsibility to apologise and give feedback if things went wrong.

Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of the person within its care.