

Foxglove Care Limited

Foxglove Care Limited

Inspection report

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Date of inspection visit: 10 and 14 July 2015

Date of publication: 03/09/2015

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 

Overall summary

This unannounced inspection took place on 10 and 14 July 2015. At the last inspection on 12 September 2013, the registered provider was compliant with all the regulations we assessed.

Foxglove Care Limited, 96-98, Church Street, Sutton is a period property in a residential area and is owned by Foxglove Care Limited. It is registered to provide accommodation and care for up to three people who have autism or learning disability. At the time of the inspection there were two people living in the home.

The registered provider is required to have a registered manager in post at Foxglove Care Limited. We found the previous registered manager left their post suddenly in June 2015. 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.

Summary of findings

The people who lived at the home had complex needs which meant they could not tell us their experiences. We used a number of different methods to help us understand the experiences of the people who used the service including the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

People were protected from abuse and avoidable harm. Staff had completed relevant training and understood their responsibilities to report episodes of poor care or neglectful practices. When accidents or incidents took place they were investigated appropriately, lessons learned were shared with staff, care plans and risk assessments were updated to prevent future re-occurrence.

Staff were recruited safely following the registered provider's recruitment policy. Staff were deployed in sufficient numbers to meet the assessed needs of the people who used the service. Staff completed relevant training and received on-going support which enabled them to meet to provide effective care in line with people's preferences.

People's nutritional needs were met. Staff monitored people's food and fluid intake and took action when there were any concerns. People were encouraged to be involved with meal choices and assisted staff to prepare meals when possible.

People who used the service were supported to make decisions and choices in their daily lives. Staff followed the principles of the Mental Capacity Act 2005 when there were concerns people lacked the capacity to make informed decision themselves. Care files, support plans, patient passports, stakeholder surveys, complaints procedures and the registered providers welcome pack were produced in an easy read format which helped to make them more accessible to the people who used the service.

A quality monitoring system was in place which consisted of audits, daily checks, director assessments and stakeholder surveys. We saw that when shortfalls were identified; action was taken to improve the service as required.

Summary of findings

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. Staff had completed safeguarding training and knew how to recognise the signs of potential abuse.

The registered provider followed safe recruitment practices and deployed appropriate numbers of staff to meet people's assessed needs.

Medicines were ordered, stored and administered safely.

Good



Is the service effective?

The service was effective. Staff had the skills to communicate with people effectively and received on-going support and guidance.

People's health care needs were assessed and met. They had access to a range of health care professionals for advice and treatment.

The meals provided to people who used the service were balanced and met their nutritional needs. People were consulted about meals and provided with choices and alternatives.

Good



Is the service caring?

The service was caring. We observed staff treating people with dignity, respect and compassion.

People were supported to be involved in decisions about their care and treatment when possible.

Good



Is the service responsive?

The service was responsive. People's assessed needs had been used to develop personalised care plans which enabled staff to support people in line with their preferences.

People who used the service had access to a range of health and social care professionals.

There was a complaints process and documentation on how to complain in an easy read format. This helped to make the documents more accessible to people who used the service.

Good



Is the service well-led?

The service was well led. At the time of our inspection there was no registered manager in place, however; the registered provider had increased their daily involvement with the service to ensure it was well-led.

The culture of the organisation was open and inclusive. People who used the service and staff were provided with opportunities to express their views about how the service was managed.

Staff worked well as a team; they told us they were able to raise concerns with the registered provider and were confident they would be addressed.

There was a system in place to monitor the quality of service delivery. Audits and checks were carried out to ensure shortfalls were identified.

Good



Foxglove Care 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 was planned to check whether the registered 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 unannounced inspection was took place on 10 and 14 July 2015; it was carried out by an adult social care inspector.

Before the inspection took place we contacted the local authority commissioning and safeguarding teams for information about the registered service. They told us they had no on-going safeguarding investigations and no concerns with the service.

During the inspection we spent time observing how staff interacted with people who used the service, we used the

Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us and helps us to evaluate the level of care and support people received. We spoke with people's relatives, the registered providers, a team leader and four support workers. We also spoke with a specialist nurse who worked with the service.

We looked at two people's care and support plans and their Medication Administration Records [MARs]. We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards [DoLS] to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We reviewed a selection of documentation relating to the management and running of the service; including meeting minutes, maintenance records, recruitment information, policies and procedures, complaints, the training matrix, staff rotas and quality assurance audits.

Is the service safe?

Our findings

A relative we spoke with told us their family member was safe. They said, “Oh yes she is very safe” and “I trust the staff to keep her safe and she does as well which is the main thing; she knows if she is with [Name of member of staff] she is safe where ever she is.”

Risks to people who used the service were managed effectively which enabled people to take positive risks whilst remaining safe. A number of detailed and informative risk assessments had been developed for each person who used the service including; getting on a bus, being in the community, attending other services, swimming and seizure activity. A member of staff explained, “[Name of person who used the service] has no concept of danger so we have to be aware of what the risks are and plan ahead, it doesn’t mean she doesn’t do things; it’s just we have to know what could happen and be ready for anything.”

We saw evidence to confirm accidents and incidents were recorded and evaluated to ensure that lessons were learned and opportunities to improve the service were shared with the staff. A member of staff told us, “We don’t have too many incidents; usually things are stopped before they happen, so I can see something and think, this could have happened or that could have happened, but we learn from it so it’s not an issue in the future.” When incidents took place the registered provider developed different methods to reduce the risk which enabled people to live varied and fulfilled lives. The registered provider explained, “We work with the safeguarding team to investigate anything of concern and take whatever action is necessary.”

Staffing levels were based on the dependency needs of people who used the service. The registered provider told us, “Both service users are on a one to one package so from eight in the morning until 10 at night they always have at least one member of staff with them” and went on to say, “We do get extra staff to support people with certain activities. We are working closely with the commissioners [local authority commissioning team] to ensure people are supported appropriately at all times.” We saw that staff worked 8am to 3pm, 3pm to 10pm and 10pm to 8am shifts. A member of staff we spoke with said, “It doesn’t matter what shift you do, there is always lots to do and lots of checks even if they [the people who used the service] just want to listen to music or watch something in their room.”

The staff had completed training to ensure they knew how to keep people safe and what action to take if they saw or suspected abuse or poor practice had taken place. A member of staff said, “I know that if I had any concerns I could tell [Name of registered provider] and they would investigate straight away” and “All the staff here are great, we have never had any problems like that, everyone wants to do a good job.” The registered provider told us, “We would take any allegation seriously, the happiness and welfare of our service users is our main priority.”

Staff were recruited safely. We reviewed the recruitment process for three members of staff and saw that before people were offered a role within the service relevant checks were completed. This included references from previous employers, an application form which covered gaps in people’s employment history and a Disclosure and Barring Service [DBS] check. This helped to ensure people who used the service were not supported by people who had been deemed unsuitable to work with vulnerable adults. The registered provider explained, “When it’s appropriate we have service users and family members involved with the recruitment process.”

A business continuity plan was in place at the service which covered emergency situations such as fires or flooding as well the loss of essential services like water, gas or electricity and staff shortages. Emergency evacuation plans had been developed for each person who used the service which provided guidance for staff including how to keep people safe and emergency contact numbers. Having contingency arrangements in place provides assurance that people will be supported appropriately, during and after an emergency situation.

Detailed medication support plans had been developed for each person who used the service. Each plan contained specific information in relation to people’s preferred method of administration and guidance for staff to follow; for example, ‘I take my medication in a pot I like staff to prepare this for me’, ‘I like to take my medication with some yoghurt’ and ‘Place my tablets on a spoon, I will take them happily.’ A member of staff told us, “The support plans are great, obviously they had to be developed over time but we don’t have any issues [with medication administration] at all.”

A dedicated medicines cabinet was used to ensure the safe storage of medication and room temperatures were taken

Is the service safe?

daily to ensure that medicines were stored safely and did not exceed the manufacturer's guidelines. We saw that medication audits were completed regularly and action was taken when shortfalls were identified.

Is the service effective?

Our findings

A relative we spoke with told us staff were well trained and had the necessary skills and abilities to meet their family member's needs. They said, "The staff are fantastic, they really understand [Name] and know how to support her in every situation" and "I couldn't have hoped for better staff to support her."

A number of communication methods had been developed by the registered provider which ensured staff had the ability to communicate with people effectively. Staff were knowledgeable about people's individualised forms of Makaton and we noted that they were used effectively throughout our inspection to enable staff to ask people questions about daily tasks, activities and methods of support. Makaton is a form of communication that uses hand signs and enables people to communicate effectively. A member of staff told us, "I love it [using Makaton] I only learnt it when I starting working here and it connects us [the staff and the people who used the service] so easily and puts us on the same level." White boards and picture boards were also used within the service; the registered provider told us, "The boards are really useful, we use pictures of places, activities; anything really. We put them on the board and [Name] then knows what is happening that day." We observed the boards being used and saw a person adding a picture of a public house when they had decided where they wanted to go for their evening meal.

The registered provider and staff understood the principles of the Mental Capacity Act 2005 [MCA] and ensured people's abilities to make specific decisions were assessed appropriately. A member of staff said, "[Name] can't make some complex decisions but she knows what she wants and is an individual. We have to have best interest meetings for some decisions but she knows what she wants to do on a daily basis, what she wants to wear and things like that, we couldn't make those decisions for her."

Staff had a clear understanding of how to gain consent on a day to day basis and we noted care and support was only provided to people that they had consented to. A member of staff we spoke with said, "Sometimes you have to ask things more than once, I used to think that I was doing the wrong sign [Makaton sign] but now I know if [Name] is ignoring me it usually means she doesn't want to do something." Another member of staff told us, "If [Name]

does not want to do something you have no chance of making her, I just try and ask it again later, show her pictures or explain as simply as I can why it is important but if she does not want to do something it's her choice."

We saw that best interest meetings were held when people had been assessed as lacking the capacity to make decisions about the care and support they required to keep them safe. This included the management of their finances, medical investigations, blood tests and having holidays abroad. The registered provider told us, "We have had so many [best interest] meetings in the past; we always involve families, advocates and other professionals."

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered provider was aware of their responsibilities in relation to DoLS and had made successful applications which had been granted by the local authority to ensure the people who used the service were only deprived of their liberty lawfully. This helped to provide assurance that people were supported in the least restrictive way.

The registered provider's training matrix evidenced that staff had completed relevant training which enabled them to meet people's assessed needs effectively. We saw that epilepsy, autism, health and safety, medication, fire, first aid, MCA, behaviours that challenged the service, bowel management and an accredited non-abusive physical intervention training had been completed by staff. The registered provider explained, "All staff have done the DoLS training so they can understand the changes we are making and why we are reducing staffing levels" and "At least 60 percent of the staff have done NVQ level three [a National Vocational Qualification in Health and Social care]; we support the staff to continue to develop."

Staff told us they were supported during supervisions and team meetings. We saw evidence that one to one supervisions were conducted once every two months; the registered manager said, "They are held every six to eight weeks but we can do them more often if there are any issues we need to address. A member of staff told us, "I have just been to the team leaders and managers meeting, it was really good, we talked about the new changes the company is making and why it has to be done; the DoLS and the Care Act."

Is the service effective?

People were supported to maintain a balanced diet and encouraged to eat healthily. We saw people were involved in preparing simple meals and making drinks when this was appropriate. A member of staff said, “[Name] has done really well, she has been on a diet and healthy eating programme and got to her target weight, the dietician was very happy.” We saw people were supported to eat their meals at their own pace and were afforded time by staff to ensure they had eaten sufficiently.

People’s needs were met by a number of health and social care professionals. During the inspection we spoke with a specialist community nurse, they told us, “I think this is a really good service, they are never scared to contact us and have a discussion if people’s needs change.” We saw evidence in people’s care plans that GPs, dentist, orthodontists, Speech and Language Therapists [SaLT], epilepsy nurses and bowel management specialists had provided input and guidance into people’s care.

Is the service caring?

Our findings

A relative told us, “The best way for me to tell you how happy she is, is by saying she is the same as my other children; when she comes to visit she sees we are all ok and wants to go back home [to the service]. She is really happy and see’s the staff as her friends.”

The registered provider explained, “We really look at the compatibility of people; we try and match people together. Getting that right makes such a difference to their lives and it’s something we invest a lot of time in.” A relative we spoke with said, “The staff that work with [Name] are amazing with her, they are such a great match and I can see the change in her, she is so confident and happy.”

We observed staff interacting with people who used the service and it was apparent that positive relationships had been built. People who used the service were comfortable and relaxed in the presence of staff and actively looked for staff to participate in activities during the inspection. Staff understood the importance of maintaining eye contact when speaking with people and spoke in a calm, sensitive manner which demonstrated compassion and respect.

People were supported to express their views. We saw picture cards were used to help people convey their opinions and be involved with decisions about their care, treatment and support. The registered provider told us, “The picture cards don’t mean a lot to most people but to [name] they are so important and are used every day.”

People were encouraged to see their families and friends and there were no restrictions placed upon visiting times. During the inspection staff supported people to attend a birthday party of another person who was supported by the registered provider at a local venue. A member of staff

said, “Sometimes I think they [the people who used the service] have a better social life then I do, they go to parties and disco’s, get visits from other service users, have barbeques; all sorts.” The registered provider told us, “Families can visit at any time and they usually ring first as the ladies can be out and about.”

Staff respected people’s privacy; they understood the importance of allowing people their personal space and treating them with dignity during their interactions. A member of staff said, “We have the monitors so we can hear if anyone is experiencing seizure activity, they are a really good way of knowing what’s going on so we don’t have to keep going into people’s room or knocking on their doors asking if they are ok.” Another member of staff told us, “[Name] is my age so I always try and think what I would like and how I would want to be treated” and “We all need time and space sometimes and all the staff know and respect that.”

It was evident that staff were aware of people’s preferences for how care, treatment and support was to be delivered. We heard staff encouraging people to undertake daily tasks and observed the support people received. A member of staff told us, “[Name] can do lots of things for herself; sometimes she wants to be independent and other times she wants us to do everything for her. We just have to be patient and remind her we know what she can do for herself.”

Care plans had been developed and updated over time as people’s needs changed. We saw that skills, abilities and preferences were recorded so people’s needs could be met. Care plans and other confidential information was stored securely so that it could only be accessed by authorised people.

Is the service responsive?

Our findings

A relative we spoke with told us they thought the service was responsive to their family member's needs. They commented, "It was a bumpy road when she first moved in to the service but they [the registered provider and staff] always listened, we all worked together and it has been such a positive move for her." They also told us, "She had a seizure, which is something that hadn't happened for a very long time. The staff reacted amazingly; they did so well not to get flustered and just did what they needed to do. They followed their training and got professional help straight away."

A relative told us they were aware of the registered provider's complaints policy but had never had to use it. They said, "Our relationship is not like that, if I ever had any concerns I would just speak to [name of the registered provider] but because they are so approachable and willing to listen I have never had any concerns at all."

People who used the service were, whenever possible involved with the on-going planning of their care and periodical reviews. We saw evidence to confirm relatives attended review meetings and their input and opinions were used to develop the care provided to their relative. During the inspection a yearly review was taking place; a member of staff told us, "[Name] was in the review but she gets bored with it all quite quickly. She is happier to be involved with things like menu planning and shopping activities but isn't very interested in care reviews." The registered provider explained, "We try and involve people as much as we can; families are always invited, their input is vital" and went on to say, "There are lots of reviews each year, we do a six monthly review, the commissioning services do one every year but we also have yearly learning disability and epilepsy reviews as well."

People were supported to follow their interests and participate in social activities. People who used the service attended a local nursery [garden centre] and activity centre regularly. A member of staff told us, "[Name] gets the bus, she knows everyone who goes and absolutely loves it there, she stays over three nights a week." Another member of staff said, "[Name] goes to college one morning a week and she seems to always enjoy herself." The registered providers described how they tried to ensure people lived fulfilled lives and were as active as possible; they told us, "I have taken people to Lapland to visit Santa, we have found

somewhere more local and less cold but it's still an amazing place and [Name] absolutely loves it. We have birthday parties for people and they all regularly attend discos and have barbeques."

A number of individualised care and support plans had been developed for each person who used the service. Each plan had been written in a person centred way and included people's preferences and detailed information in relation to level of support they required and what prompts they would need to carry out tasks independently. Care plans had been developed in an easy read format which enabled the person who used the service to gain an understanding of their purpose.

One page profiles were in place which included people's life histories; where they grew up, where they went to school, their family life and their historical support needs as well as things that were important in their lives for example playing loud music, drawing, my communication board and having a routine.

Health action plans and 'patient passports' had been completed to ensure when people needed support from other service important information was readily available. We saw these records detailed; people's communication needs, personal care requirements, medication and 'things I like' and 'things I don't like', oral hygiene, diet and nutrition and psychological needs. This helped to provide assurance that people's needs would continue to be met if they needed to receive care in another healthcare setting.

The registered provider had made adjustments to the home which enabled people to remain independent. We saw, amongst other things wide door showers, hand rails, low door handles, adaptations to stair wells and bath supports.

The registered provider had a complaints policy in place that provided information in relation to how a complaint would be acknowledged, investigated and response times. A complaints procedure was available in an easy read format so it was more accessible to the people who used the service. A member of staff told us, "We don't have to have a complaint to take action, if a parent raises anything we will make changes to see if we can improve things."

We saw evidence to confirm when complaints were received they were acknowledged and investigated

Is the service responsive?

following the registered provider's policy and procedure. When lessons could be learnt they were shared with staff and changes were made to improve the level of service provided.

Is the service well-led?

Our findings

People who used the service were relaxed and comfortable in the presence of the registered provider. During the inspection we saw people actively seeking the attention of the registered provider who spent time colouring and discussing activities with people. The registered provider told us that the organisation had an open culture based on honesty, fairness and working together to ensure people lived fulfilled and happy lives.

Staff we spoke with told us they thought the service was well led and that the registered providers were accessible. One member of staff said, “You can ask them anything, not just work stuff, if I need anything I know they will always support me, they are brilliant.” Another member of staff told us, “I have learnt so much from them [the registered providers]. They are always popping in so if I need to ask anything I just wait until I see them” they also said, “[Name of registered provider] is always open to new ideas she encourages us to look at new ways of working and new activities and not just sit back and do the same old thing.”

There was no registered manager in post at the time of the inspection which is a requirement of the registered provider’s registration; this was because the registered manager had left their post suddenly in June 2015. Since the registered manager’s departure the registered provider had become actively involved in the running of the service on a day to day basis. The registered provider was aware of the need to comply with Care Quality Commission registration requirements. Notifications of accidents, incidents and other notifiable events that occurred within the service were reported as required.

During our inspection the registered provider showed us their newly implemented auditing schedule which included a number of subjects including care planning, complaints,

accidents and incidents, equipment, staff recruitment, training and supervision and medication. The registered provider told us, “After an inspection at one of our other services we are streamlining all of our paperwork and have a rolling programme of audits” and “We have also introduced paperwork for director’s visits so we can record has taken place and ensure everything is running as it should be in the service.”

The registered provider encouraged feedback from people who used the service when possible, people’s families and other healthcare professionals through yearly stakeholder surveys. A specialist nurse who was visiting the service at the time of our inspection told us, “I have always found them to react well to any feedback we give; they always listen and want to do the best they can.” The registered provider explained, “There has been lots of changes recently, new legislation like the Care Act and DoLS, we have had meetings with the staff so everyone understands the changes we are making and the challenges we are currently facing.”

We saw evidence to confirm that the registered provider reviewed best practice guidance to enable them to drive improvement within the service whenever possible. The registered provider attended numerous research initiatives and seminars each year, were members of the British Institute of Learning Disabilities [BILD] and the Social Care Institute for Excellence [SCIE]. The registered provider attended local authority safeguarding and commissioning meetings and reviewed National Institute for Health and Care Excellence [NICE] guidance. The registered provider explained, “We are constantly looking for ways to improve the service and have worked with the local authority commissioning service to ensure we have a sustainable model and will be able to continue to support people for years to come.”