

Foxglove Care Limited

# Foxglove Care Limited - 3 The Causeway

## Inspection report

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Date of inspection visit:  
06 June 2019

Date of publication:  
15 August 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

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

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 and what we found

Staff worked closely with healthcare professionals but we found they had not sought advice and guidance for one person after a fall. Care plans did not always reflect the care and support people needed, though staff were knowledgeable about people's needs and how to support them with their own routines.

Quality assurance systems had not identified care plans were not always updated or accurately recorded people's needs. Monitoring of the service was completed but records were not always available to show this. People, their families, staff and relevant professionals were involved in the development of the service.

Staff were fun, kind and caring. Relatives were happy with the care provided and said, "It's like a little family. There is a nice atmosphere when I visit." Staff respected people as individuals and maintained their privacy and dignity.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People were supported to take part in activities they enjoyed in the local community.

People were supported by a small group of consistent staff who were able to identify and report any concerns. Recruitment, induction and ongoing processes helped ensure only suitable staff were employed and that they had the required skills and knowledge. Staff were supported by the management team and received supervision and annual appraisals.

Staff supported people to have a healthy, balanced diet, tailored meals to people's personal preferences and offered people choices. People received their medicines as prescribed. People were encouraged to participate in activities within the care home and the local community.

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.

Relatives and staff were happy with the management of the service; they could approach them at any time and were confident any issues would be quickly addressed. The registered manager had a 'hands on' approach to their role and used their own time to decorate people's rooms. They were proud of the staff team and supported them in their professional development.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 31 December 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified a breach in relation to the assessing, monitoring and addressing quality shortfalls at this inspection. Please see the action we have told the provider to take at the end of this report.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Foxglove Care Limited - 3 The Causeway

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

Foxglove Care Limited – 3 The Causeway is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion

that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two relatives, three care staff, the registered manager and the operations manager. We completed a tour of the environment and looked at a range of documentation including one person's care file, daily notes and medication records. We looked at a selection of documentation for the management and running of the service such as recruitment, induction, supervision, staff meeting minutes and training. We also looked at audits, compliments and complaints and survey responses.

#### After the inspection

We were sent further information from the registered manager which included updated care plans, risk assessments and protocols. We spoke with one professional who regularly 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 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; Learning lessons when things go wrong

- People were kept safe from avoidable harm and abuse and their relatives were confident of this.
- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns. Staff told us they were confident any concerns they raised would be acted upon.
- Accidents and incidents had been responded to and action had been taken to reduce the risk of them happening again. Information was analysed and used to learn from them.

Staffing and recruitment

- Staff supported people in a timely manner. The registered manager monitored staffing levels to ensure they were appropriate to meet people needs.
- People were supported by a small staff team who knew them well. A relative said, "Yes, they know [Name] well and they have regular staff who have been there a long time. I'm quite happy with them."
- 'Bank' staff were used to promote continuity of care. The registered manager ensured they worked with experienced staff and only used a small number of regular bank staff when needed.
- The providers recruitment processes helped ensure only suitable staff were employed.

Preventing and controlling infection; Assessing risk, safety monitoring and management

- Staff were trained in infection prevention control and wore gloves and aprons appropriately to help prevent the spread of infections.
- Personal emergency evacuation plans had not been completed. This meant people were at risk of not getting the right support in an emergency.
- Risks to people's safety and wellbeing had been identified and appropriate management strategies in place.

The registered manager acted immediately during the inspection. They reviewed the risks and put appropriate assessments and management plans in place.

Using medicines safely

- Medicines systems were organised, and people received their medicines when they should.
- Medicines were stored appropriately, and systems were in place to ensure enough stock levels.
- Staff were patient when supporting people to take their medicines and knowledgeable about the support people needed. A relative said, "I know [Name] doesn't always take it. Staff can't force them to take it, but they try their best and spend maybe half an hour getting them to take it."
- Detailed protocols were in place to guide staff how to administer 'as and when required' medicines, also known as PRN. Though one pain relief medicine did not have a protocol in place.

The registered manager acted immediately during and after the inspection. They worked with the relevant healthcare professionals to complete the protocol and ensure it contained required information.



# 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 now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Staff were unable to effectively monitor one person's health after a fall. Records did not inform staff of possible related health complications or the signs and symptoms to look for.
- Staff were knowledgeable about the support people required. However, care plans were not always up to date and didn't support staff to provide effective care. Some important information had been archived and was not easily accessible to staff.

The registered manager acted immediately during and after the inspection. They reviewed, updated and put appropriate care plans and procedures in place.

Staff support: induction, training, skills and experience

- New staff completed the provider's induction programme and mandatory training, which ensured they had the skills and knowledge to support people safely. Staff shared their effective strategies with other staff to provide consistent care.
- The registered manager monitored training, though not all staff were trained to meet people's specific needs. The registered manager was working with the relevant healthcare professional to arrange this.
- The registered manager completed competency assessments to ensure staff continued to have the skills and knowledge to effectively support people with their medicines.
- Staff were encouraged to progress in the service and training plans were appropriate to support staff development.
- Team meetings, supervisions and appraisals were used to support staff. A staff member said, "If I ever need to speak to [Registered manager's name], they are always available."

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

- People's needs were effectively assessed, and their preferences were considered when arranging their care. The assessments were used to develop care plans to support staff to provide appropriate care.
- People's personal space was respected. People used communal areas when they wanted and for meeting with their visitors. Though one sofa was damaged due to wear and tear and did not make the environment inviting.
- People's rooms were decorated and personalised to their tastes. People chose their wallpaper, bedding and posters to show their personalities and interests. Changes were made whilst people were on holiday to

avoid causing people distress.

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

- People were supported to have a diet of their choice. Staff prepared meals people enjoyed and provided other choices if they did not want what was offered.
- Staff understood how and where people liked to have their meals. One person liked to eat in private and was supported to wear clothes protectors as it was important for them to keep their clothing clean.
- Staff monitored people's weight and relevant healthcare professionals were involved as people needed.
- Staff followed professional advice and guidance when supporting people with specialised diets. Guidance was easily accessible to staff.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought people's consent and looked at their body language to determine if they consented to or refused support.
- Staff gave people choices and they were supported to make their own decisions where possible. Where people lacked capacity, decisions were made in their best interests with the support of family.
- Staff recognised restrictions on people's liberty and appropriate action was taken.

# 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

- Staff were kind, caring and had a positive approach when supporting people. A relative said, "Staff are all very good and friendly. They're always approachable and are really good with [Name]."
- Staff were trained in equality and diversity and respected people as individuals. Staff were knowledgeable about people's likes, dislikes and supported them to do activities they enjoyed.
- People were encouraged to be part of the local community. A relative said, "I like the way [Name] lives in the community. Everybody around there seems to be accepting of them. Their life is as normal as it can be."
- People were supported to live as full a life as possible, which included going on holiday. A relative said, "[Name] does have a good life here."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence through providing encouragement and appropriate support where it was needed. A staff member said, "If I'm peeling potatoes, [Name] likes to put the skins in the bin and now carries their pots to the sink. [Name] has started to do more and more."
- People's privacy and dignity was maintained. A relative said, "If staff are helping [Name], they always take them upstairs to their room so it's private."
- Staff understood the importance of maintaining people's privacy and dignity. A staff member said, "Privacy and dignity is very important, we all need that bit of space. If people haven't got that then they can't have an ordinary life. They need to be able to fulfil their life in any way they can." One person did not have a care plan to support with maintaining their privacy.
- Care plans were stored securely.

The registered manager acted immediately during the inspection. They put in place a relevant care plan to support staff with maintaining their privacy.

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

- People were supported with their preferred routines. Staff offered people choices in a way they could understand. Relatives told us staff were respectful of people's decisions and they were not forced to do activities they didn't want to do.
- Staff worked with people and their families to find out how they liked to be cared for and this was recorded in their care plans. A relative said, "Staff may ask me what I might do or what I used to do in some situations."
- People were supported by their families with making decisions.

# 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.

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

- People were supported to take part in activities they enjoyed, which helped people to lead fulfilling lives. Activities were tailored to people's interests and included walking, going to a night club, to the pub and for ice cream. Plans were in place for people to go on holiday with appropriate support.
- Staff respected people's decision if they did not want to complete an activity and offered other options they were known to enjoy.
- People were supported to maintain their relationships with families and friends. Relatives could visit at any time and people could meet their families in the local community or visit their family at home.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were offered choices and staff respected their wishes. A relative said, "If [Name] doesn't want to do something, they don't force them."
- People were supported in line with their personal preferences. Staff were knowledgeable about people's care needs and personal routines. Care plans recorded information about people's daily routine, likes, dislikes and personal histories. They also helped staff to understand if people were having a good or bad day.
- Care plans did not always have enough detail to support staff to meet people's needs. Care plans were reviewed monthly but were not always updated with current information for example pressure care.

The registered manager acted immediately during and after the inspection. They updated the care plans to ensure they contained enough information.

Improving care quality in response to complaints or concerns

- Relatives were complimentary of the service and confident any concerns would be addressed.
- Complaints were investigated and responded to in line with the providers policy.

End of life care and support

- End of life care plans considered people's wishes and how to maintain their comfort. They allowed for detailed, person-centred information to be recorded when people and their relatives were ready to discuss this.

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.

- People's communication needs had been considered. Staff were knowledgeable about how people communicated and information such as complaints and emergency information was provided in a way people could understand.

# 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 now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance records were not always available as they had not always been stored securely. The registered manager monitored equipment, medicines, finances and health and safety of the service but records were not always available to support this.
- Systems had not identified shortfalls within care records. The registered manager was unable to effectively monitor the quality and accuracy of care plans and daily records as audits had not been completed in line with the providers auditing schedule.

The failure to operate effective systems to monitor and improve the quality of the service placed people at risk of receiving a poor-quality service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood the regulatory requirements and reported information appropriately.

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

- The registered manager promoted an open, honest and pro-active culture. Relatives said, "I like [Registered manager's name], they get things done. I'm confident in them and the team" and "They are good, I can speak to them about anything."
- Staff felt supported and were positive about the management team. Staff told us they could speak to the registered manager at any time and were positive about working for the provider.

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

- Honesty and accountability were promoted. The registered manager told us, "Staff are responsible and take on more responsibility as their knowledge grows."
- The registered manager understood their legal obligation to let people know when things went wrong and had processes in place to respond appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, staff and professionals were included in the development of the service. The provider sent out questionnaires to help identify how the service could be improved. The results were analysed and shared with all of the provider's services.
- Meetings were held to ensure staff were kept informed and they were encouraged to suggest ideas. A staff member said, "If we make suggestions [Registered manager's name] is really open to us trying new things."

Working in partnership with others; Continuous learning and improving care

- The registered manager and staff worked closely with relevant professionals. A healthcare professional said, "Staff follow advice and recommendations and are good at ensuring [Name] receives the right care. For example, regular contact with the GP and ensuring dialogue remains open between everyone involved in [Name's] care."
- The registered manager monitored and analysed accidents and incidents to look for patterns and trends to learn from them. Learning was shared with the provider's other services to improve care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to monitor and improve the quality of the service were not effectively operated and records were not securely kept, which meant people were at risk of receiving a poor service. Regulation 17 (1) and 17 (2)(d)(ii).