

Foxglove Care Limited

Foxglove Care Limited - 18 Hall Leys

Inspection report

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Date of inspection visit:
19 May 2017

Date of publication:
23 June 2017

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 inspection took place on 19 May 2017 and was announced. This was to ensure someone would be available to speak with us and show us records.

Foxglove Care – 18 Hall Leys provides care and accommodation for up to two people who may have a learning disability. On the day of our inspection there were two people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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.

We last inspected the service in March 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Appropriate procedures were in place to record and analyse accidents and incidents. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Risk assessments were in place for people who used the service and staff. These described the potential risk, who was at risk, how the risk was controlled and any additional measures.

Appropriate arrangements were in place for the safe administration and storage of medicines.

Appropriate health and safety checks had been carried out and the home was clean, spacious and suitable for the people who used the service.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff were suitably trained and received regular supervisions and appraisals. Some appraisals were overdue but the registered manager had identified this and these were planned.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

People were supported with their dietary needs and care records contained evidence of visits to and from external health care specialists.

Family members were complimentary about the standard of care at Foxglove Care – 18 Hall Leys. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

People were protected from the risk of social isolation as activities were planned based on people's needs, likes and interests.

The provider had an effective complaints procedure in place.

Staff felt supported by the management team and were comfortable raising any concerns.

The provider had an effective quality assurance process in place. People who used the service, family members and staff were regularly consulted about the quality of the service via surveys and meetings.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Foxglove Care Limited - 18 Hall Leys

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 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 inspection took place on 19 May 2017 and was announced. One Adult Social Care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During our inspection we spoke with two family members. People who used the service were unable to speak with us. We also spoke with the registered manager, operations manager, and two members of care staff.

We looked at the care records of the two people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Is the service safe?

Our findings

Family members told us their relatives were safe at Foxglove Care Limited – 18 Hall Leys. They told us, "He's safe, no concerns" and "Yes, [Name] is safe".

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the registered manager and looked at staff rotas. Staff absences were covered by the home's own staff or staff from the provider's other services and bank staff. On rare occasions, agency staff were used but only in an emergency. The registered manager told us they would cover shifts themselves prior to calling agency staff. Staff and family members did not raise any concerns regarding staffing levels at the home.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

People were supported with behaviour that challenges and detailed guidance was provided for staff in how to prevent behaviour by recognising triggers and what action to take if the person became agitated or distressed. Appropriate risk assessments were in place and staff were trained in non-abusive psychological and physical intervention (NAPPI) training.

Accidents and incidents were appropriately recorded and analysed. Risk assessments were in place for people who used the service and staff. These described the potential risk, who was at risk, how the risk was controlled and any additional measures. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Health and safety monitoring checks were carried out and included fridge and freezer temperatures, shower head cleaning, first aid equipment, window restrictors, and housekeeping checks. Records we saw were up to date. Hot water temperature checks were carried out for bathrooms (prior to each person having a bath) and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014).

Electrical testing, gas servicing and portable appliance testing (PAT) records were all up to date. The service had a business continuity plan in case of emergency. Risks to people's safety in the event of a fire had been identified and managed, for example, the fire alarm was checked weekly, regular fire drills were carried out and a fire risk assessment was in place. Which meant appropriate checks and records were in place to protect people in the event of a fire

The provider had a safeguarding vulnerable adults policy and copies of the local authority safeguarding

procedures and safeguarding was available in an easy to read format on the dining room wall. We found the registered manager understood safeguarding procedures and had followed them, safeguarding incidents had been appropriately reported, and staff had been trained in how to protect vulnerable people.

We found appropriate arrangements were in place for the safe administration and storage of medicines. Medicines were stored in a locked cabinet in the staff office. Room temperatures were recorded daily to ensure medicines were stored at the correct temperature. Medicines were checked daily against the medication administration records (MAR) prior to administration. Medicines audits were carried out monthly and staff training was up to date.

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. Family members told us, "They all seem to be doing their jobs properly", "As far as Foxglove is concerned, they are doing a wonderful job", "They [staff] are all friendly" and "[Name] is happy, everything is fine".

Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Some annual appraisals were overdue. We saw the registered manager had identified this in their staff audit and plans were in place for the remaining appraisals to be carried out.

Staff mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely and included health and safety, infection control, food hygiene, first aid, medication, fire safety, mental capacity, safeguarding, moving and handling, epilepsy, and autism. The registered manager maintained a training matrix, which recorded when training was due for renewal. New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care. Staff told us they received, "Plenty of training" and their training was up to date. This meant staff were fully supported in their role.

People had 'Dietary requirements' support plans in place. These recorded whether people had any allergies, when they preferred to eat, what they liked to eat and drink, and whether they had any specific dietary needs. For example, one person had a healthy eating plan in place due to suspected irritable bowel syndrome and constipation. The person had a four weekly menu plan in place that had been devised to give the person their favourite foods whilst at the same time providing healthy alternatives such as fresh vegetables. The person also had a risk assessment in place due to the risk of choking if eating certain foods. We saw guidance from health care professionals, such as speech and language therapists (SALT), had been obtained where necessary and their recommendations were included in the care records.

People had nutritional screening tools in place to identify whether they had any dietary requirements, had difficulty swallowing or any decreased appetite or weight loss. If any problems were identified the person was to be referred to their GP. People were also weighed monthly. This meant people who used the service were supported with their dietary needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the

principles of the MCA and found the registered manager had submitted DoLS applications appropriately.

We saw copies of mental capacity assessments and best interests decisions in people's care records. For example, a best interests meeting had taken place for one of the people who used the service to discuss consent to the sharing of the person's care plans. The meeting was attended by staff and family members of the person involved. This meant the provider was working within the DoLS and MCA.

People's 'Communication' support plans described people's communication abilities and how they preferred to communicate. For example, one person was classed as non-verbal but did have limited speech vocabulary and a good understanding of what people were saying to them. To best support the person, staff were instructed to keep vocabulary to short and simple sentences, and to give the person the time to say what they wanted.

People who used the service had 'Patient passports' in place, had access to healthcare services and received ongoing healthcare support. The aim of the patient passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. Care records contained evidence of visits to and from external specialists including GPs, nurses, care co-ordinators, occupational therapists, speech and language therapists and dentists.

Is the service caring?

Our findings

People we saw were well presented and looked comfortable with staff. We saw staff speaking with people in a polite and respectful manner and staff interacted with people at every opportunity. People were assisted by staff in a patient and friendly way and we saw and heard how people had a good rapport with staff. For example, we observed a member of staff getting one of the people ready to go out to the shops. They did this in a calm, unhurried manner, reminding the person to get his coat. When they returned from the shops, the person had bought a plant that they were going to look after.

One page profiles and life stories recorded information about the person's past and what was important to them. For example, one person wanted to, "Live life and enjoy it" and staff were asked to support the person to do everything that made them happy and have fun with them.

Care records described people's likes and dislikes. For example, one person enjoyed playing and watching football and went to watch their local football team at every home game. The person also enjoyed swimming and bowling and did not like being "Stuck in doors."

People were able to make choices and their wishes were respected. For example, one person's care record stated, "Support me to make my own choices whenever possible but keep my best interests at the forefront and please do not overload me with too many choices" and "I choose my clothes for the day". Another person's care record stated, "If I refuse a bath, please respect my wishes and offer it again later."

Care records described how staff were to respect people's privacy and dignity. For example, "Please give me some privacy while I am showering" and "Leave me in private for a while [whilst having a bath]. Stay close by in case I need you though". This meant that staff treated people with dignity and respect.

People were supported to be independent and care records clearly described what people could do for themselves and what they required support with. For example, "Don't de-skill me because it's quicker to do it yourself, offer me encouragement, support and praise", "I can choose and make my own breakfast and drinks with support and encouragement from you. Other meals I prefer you to make them but I will wash and dry my dishes", "I can shower myself with prompts" and "Please support me to brush my teeth correctly. I do try although I do not always do them correctly". This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

Bedrooms were individualised and the registered manager told us people were able to choose what they had in their bedrooms. One person liked the colour red and their bedroom had red walls and red furnishings.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us none of the people using the service at the time of our inspection had independent advocates.

Due to the age and capacity of the people who used the service, end of life arrangements were not in place however the registered manager told us they would be discussed with family members when appropriate.

Is the service responsive?

Our findings

Care records were regularly reviewed and evaluated monthly. People's needs were assessed before they started using the service and important information was recorded about the person such as next of kin details and contact numbers for health and social care professionals involved in the person's care.

People's care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. For example, people's daily and night time routines were recorded in detail and included how to support the person when they got up, at meal times, during the day, when they went to bed and during the night. These had been written with the person and family members to provide a detailed routine of how the person wanted to spend their day and night and the support they required. For example, "I like to get a shower around 7.30/8pm then get in my pyjamas, have a cup of tea and watch the television" and "I will take myself off to bed when I am tired usually between 10 and 11pm".

Support plans were in place and included personal support, dietary requirements, mobility, continence, medication, mental health, mental capacity, communication, religion and cultural needs, family and relationships, and management of monies. Support plans described what was important to the person and how best to support them with their needs. For example, one person required one to one support with their personal care requirements. The person was able to carry out some tasks independently however required support from staff to shave, prompts to wash their hair and body and support with getting dried. The support plan described in detail actions staff were to take to support the person based on the person's need and preferences.

Daily records were maintained for each person who used the service. Records we saw were up to date and included information on the person's diet, personal care and activities.

Care records included lists of activities that people enjoyed doing, for example, bowling, swimming, going on a bus, visiting family, shopping, going out for meals, visiting museums and going to the cinema. Photo galleries were on the walls inside the home showing people enjoying taking part in these activities. People had weekly activity plans that listed activities for morning, afternoon and evening. The activity plans also stated, "Remember I have a choice, if I refuse an activity then offer me an alternative." This meant the provider protected people from social isolation.

The provider had an effective complaints policy and procedure in place copies of an easy to read version of the procedure were in the care records. The policy described the procedure for making a complaint and the length of time complainants would expect to wait for a response. There had only been one complaint recorded at the service within the previous 12 months. We saw this had been dealt with appropriately.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring people's personal information could only be viewed by those who were authorised to look at records.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

The service had a positive culture that was person centred, open and inclusive. Staff we spoke with felt supported by the management team. They told us, "You can go to them [management] with anything" and "We are well supported". Family members told us, "They keep me up to date. They let me know if he's got any appointments or reviews" and "Communication is good".

Staff were regularly consulted and kept up to date with information about the home and the provider. Staff meetings took place regularly and people who used the service were invited to attend. The most recent took place in March 2017 and agenda items included utility bills, computer use, paperwork, change in staffing, annual leave, menus, cleaning and any other business.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. The registered manager and team leader completed a number of audits and checks in the service on a monthly basis. These included monthly audits of health and safety, medicines, staff, quality assurance, infection control, and care records. For example, the staff audit included checks of training and development, team meetings, supervisions, induction training, appraisals, and aims and objectives of job roles. The registered manager also carried out a 'Monthly service audit', which was an overall quality assurance check of the service and created an action plan based on any issues identified.

The operations manager carried out quarterly visits to the service and completed an audit, which included a review of care plans, finances, staffing and any other issues.

Monthly registered manager meetings took place with the provider's director and operations manager and quarterly meetings took place where team leaders were invited as well as the registered managers. For example, areas of best practice, issues, staffing, health and safety and any other business were discussed. The meetings were also used to plan events where people from all the provider's locations could come together for discos, parties and arts and crafts events.

The provider carried out an annual stakeholder survey that was sent to people who used the service, staff, families and health care professionals. We saw a copy of the analysis of the results from the most recent

survey in 2016. The analysis covered all of the provider's locations and did not break any of the results down to individual locations. We saw the overall results were positive and any issues that had been identified were included in an action plan. For example, with regard to staffing the provider was going to look at the structure of the company to enhance the role of the support worker so that when any opportunities for promotion arose, skills had already started to be developed.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources.