

Richmond Fellowship (The) Foxlands House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 17 August 2018 and was announced. The service was last inspected in December 2015 when it was rated Good.

Foxlands House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Foxlands House is a purpose built care home in a complex of supported housing services for people with mental health needs. It has six en-suite bedrooms and a number of shared living and dining spaces. At the time of our inspection six people were living in the home.

There was a registered manager in post. 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.

The registered manager had identified issues with the quality and safety of the service including maintenance checks and record keeping issues. However, actions taken had not been effective in improving the quality of information within the service. Staff confidence in the provider's systems varied, and it was not always easy for staff to locate the most up to date information about people's needs. People, relatives and staff all spoke highly of the management team in the service. The registered manager was introducing improvements.

People were protected from abuse and avoidable harm. Staff were knowledgeable about safeguarding adults and knew how to escalate concerns about abuse. Risks people faced in their lives had been identified and risk assessments were updated during the inspection to ensure this information was readily available to staff. There were enough staff on duty to ensure people's needs were met. Due to a misinterpretation of the provider's policy the service had not maintained complete recruitment records, but they were able to demonstrate safe recruitment practice was followed. We have made a recommendation about recruitment records. People were supported to take their medicines as prescribed. The home was clean and free from malodour. Staff took appropriate action in response to incidents.

People were involved in the needs assessment process and set their own goals for their support. People told us they liked the food, and we saw people's religious and health needs were respected in terms of the food. Staff received the training and support they needed to perform their roles. Staff worked with other organisations and healthcare services to ensure people's needs were met. People's bedrooms were personalised and the building was suitable for people's needs. Staff worked within the principles of the Mental Capacity Act 2005 and ensured people were supported to make their own choices.

People told us staff were kind. Staff demonstrated they understood the importance of responding to

people's emotional needs and providing appropriate support. People were supported to maintain their friendships and relationships. People's religious beliefs and cultural background were taken into consideration when their care choices were established. The service endeavoured to provide a safe environment where people could disclose their sexual and gender identity if they wished. Staff treated people with respect and dignity.

People were supported to attend a range of in-house and community-based activities. People were involved in regular reviews of their care. However, records of support and meetings did not reflect the detail of the support provided or progress made towards achieving goals. People knew how to make complaints and these were responded to in line with the provider's policy. There were systems in place to ensure people would receive appropriate end of life care should the need arise.

We found a breach of one regulation regarding good governance. You can see what action we told the provider to take at the back of the full version of this report.

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. People felt safe and staff were knowledgeable about how to protect people from avoidable harm and abuse.

Risks to people were appropriately identified with plans in place to mitigate them.

There were enough suitable staff available to support people.

The provider updated medicines information to ensure people were supported with medicines in a safe way.

The service was clean and free from malodour.

Staff took appropriate action when incidents occurred.

Good 

Is the service effective?

The service was effective. People were involved in developing their goals for their support.

Staff receiving the training and support they needed to perform their roles.

People told us they liked the food, and people were supported to be involved in preparing balanced meals.

Staff worked with other organisations and healthcare services to ensure people's needs were met.

The property was suitable for people's needs and people chose the decoration of their rooms.

Staff worked within the principles of the Mental Capacity Act 2005 and people were making choices about their care.

Good 

Is the service caring?

The service was caring. People told us staff were kind.

The service supported people to practice their religion and

Good 

maintain their cultural background.

The service provided a supportive environment so people could disclose their sexual and gender identity if they wished.

Staff supported people in a way that promoted their dignity.

Is the service responsive?

Good ●

The service was responsive. People took part in a range of activities of their choosing.

People's care was reviewed regularly.

People knew how to make complaints, and these were responded to appropriately.

There were systems in place to ensure people would receive appropriate end of life care if they needed it.

Is the service well-led?

Requires Improvement ●

The service was not always well-led. Although the registered manager and provider were aware of issues with the quality and safety of the service, improvements had not been made.

The systems in place were not easy for all staff to use and meant records were not always complete or up to date.

People, relatives and staff spoke highly of the management team within the service.

Meetings for people had restarted and gave people opportunities to be involved with service development.

Foxlands House

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 was carried out on 17 August 2018 and was announced. The provider was given 24 hours' notice of the inspection as the registered manager works across multiple locations and we needed to be sure they would be available during the inspection.

The inspection was carried out by one inspector and observed by a directorate support coordinator. The directorate support coordinator attended as part of their professional development.

Before the inspection we reviewed the information we already held about the service in the form of notifications. Notifications are information about events and incidents that providers are required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people who lived in the home and two relatives. We spoke with five members of staff including the registered manager, two team leaders and two support workers. We reviewed two care files including needs assessments, care plans, medicines information, risk assessments and records of care. We reviewed four staff files including recruitment, supervision and training records. We also reviewed various documents, meeting records, policies and procedures relevant to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living in the home. One person said, "I feel safe. If I was scared I would speak to the staff." Relatives told us they were confident their family members were safe. One relative said, "He is safe, we haven't seen any problems." Another relative said, "I don't have to worry at all. He is definitely safe living there."

Staff were knowledgeable about the different types of abuse people may be vulnerable to. Staff told us they would report any concerns that people were being abused to their managers and people's care coordinators. Staff were also familiar with the provider's whistleblowing procedure if they had concerns about the organisational response to abuse.

The provider had a policy for safeguarding adults from abuse, and local safeguarding contact details were available within the service. Records showed there had not been any incidents within the service which had been considered safeguarding concerns since the last inspection. However, an external agency had recently raised a safeguarding concern on behalf of one person who lived in the home as they believed there was a significant risk of abuse due to external circumstances. Staff were taking pro-active steps with this person to support them to understand the risks they faced.

Risks people faced had been assessed by staff using the provider's risk assessment model. The provider's approach emphasised positive risk taking and the importance of people taking responsibility for their own risk-taking behaviour. Risk assessments were in place to ensure staff had guidance regarding people's mental health, self-injurious behaviour, risks of harm to others as well as specific health conditions and health and safety.

Risk assessments were reviewed regularly and updated when situations changed. For example, one person's risk assessment included guidance on how to evaluate the person's mood to ensure risks were mitigated. There was information to guide staff if people were at risk of their mental health relapsing, with clear escalation if staff were concerned that people were becoming unwell.

People told us there were enough staff to support them on duty, and they did not have to wait for staff to support them. We saw staff were available to people throughout the day and there was a calm, unhurried atmosphere in the home.

The service had not maintained complete recruitment records due to a misinterpretation of the provider's recruitment policy. Interview records were not being held in the files as the registered manager had interpreted the policy as stating they should be destroyed after six months. This related to unsuccessful candidates. However, the registered manager was able to locate interview records for staff who had been recruited within six months of the inspection. These showed candidates had been assessed in terms of their values and competence to work with people with mental health needs.

The provider carried out checks on staff identity and criminal records to ensure they were suitable to work in

a care setting. Employment or suitable character references were in place to ensure candidates were suitable for the service. The provider carried out checks about staff members' right to work in the UK. However, records had not been clearly maintained and the registered manager had to seek additional information to demonstrate all staff had the right to work in the UK.

We recommend the service seeks and follows best practice guidance from a reputable source about ensuring staff information is complete and up to date.

People told us staff supported them to take medicines. One person said, "They help me with my medication. I tell them if I'm going to be late and they make sure I still take it when I get in." Relatives also felt confident people received the right support with their medicines. One relative said, "They make sure he takes his tablets which is a massive relief to us." People were supported to take responsibility for their medicines and where it was safe for them to do so, self-administered their medicines.

The registered manager updated medicines care plans and guidelines during the inspection to ensure they reflected best practice guidance for administering medicines in care homes. The updated documents submitted after the inspection contained clear information about the purpose and potential side effects of medication as well as the support people needed to take their medicines safely. Where people had been prescribed medicines on an 'as needed' basis the updated guidance was clear about when to offer and administer these medicines. During the inspection we saw regular audits and stock counts to ensure medicines were properly accounted for in the service.

The home was clean and free from malodour. We saw people were encouraged and supported to take responsibility for the cleanliness of their rooms, with staff support in place to ensure communal areas were maintained to appropriate levels of hygiene. Personal protective equipment was available to staff and we saw staff wearing gloves and aprons appropriately to mitigate the risks of the spread of infection. There were effective systems in place to ensure laundry was completed in a way that minimised the risk of cross contamination. We noted the laundry room required some maintenance as the flooring was in a state of disrepair. This had been identified and escalated to property services by the registered manager. The team leader completed regular infection control audits which ensured the risks of infection were mitigated.

Incidents were recorded on the providers computer system. Staff took appropriate action in response to incidents and care plans and risk assessments were updated and amended if necessary. Records showed incidents were discussed in staff handover meetings to ensure updates and concerns were shared with the staff team.

Is the service effective?

Our findings

People told us they had meetings about their care and were involved in planning what they wanted to achieve. One person said, "We have meetings. We can change things and do what we want." Another person said, "They [staff] will help me say what I want to achieve." The provider's framework divided support plans into different areas of care which people could choose to focus on. For example, one person had set goals in relation to managing their money, improving their daily living skills and relationships. Another person had set goals in relation to trust and hope and meaningful activities. People were encouraged to set their own goals in terms of the level of independence they wished to achieve with the aspect of care, and rate their current position.

Care plans contained information on the steps people needed to take to achieve their overall goals as well as their views and staff assessments of progress. For example, one person had the long term goal of working in a restaurant with the short term steps of preparing meals for the other people living the home, then progressing via volunteer work to working in a restaurant. This meant people had clear plans in place to support them to achieve outcomes.

Staff told us they found supervision useful and supportive. One support worker said, "It helps me know my role, and it's helpful to me." In addition to regular management supervisions, the staff team also had externally facilitated team practice supervisions. These were support sessions for support workers, not attended by management, to raise issues and concerns and come up with solutions for the team. Support workers told us these were helpful for the team.

Records showed staff received regular supervision and support from their managers. The provider used a competency framework to evaluate staff performance and embed the provider's values at each meeting. Where staff performance had not met the expectations of the provider, plans were put in place to support and develop staff to achieve the required level of performance.

Records showed staff received training in areas relevant to their roles, including mental health conditions, medicines and various aspects of care delivery and health and safety. All the staff employed to support people had additional relevant academic or vocational qualifications relevant to working with people with mental health needs. This ensured staff had the skills they needed to perform their roles.

People told us they liked the food. One person said, "It's good here because they cook for us. The food is quite good." Care plans contained information about people's dietary needs and preferences. People were encouraged to be involved in meal preparation. Some people had increasing independence in preparing their meals as part of their goals. Where people adhered to dietary restrictions due to their religious beliefs the service ensured they were able to buy food that followed their faith and stored it in a way that upheld their religious customs.

People were encouraged to eat together and for meals to be a homely experience. Records about what people ate and drank were brief, but no one was identified as being at risk regarding their nutritional intake.

Where changes in appetite indicated people's mental health may be deteriorating, this was captured in their relapse indicators. Staff were confident they would be able to identify and escalate any concerns about people's nutritional intake.

Staff told us they liaised regularly with other professionals involved in people's care. We saw staff were in regular contact with social workers and other agencies involved in providing care to people. The noticeboards in the service had information about the availability of advocacy and other support services. We saw one person had been supported to access advocacy services to support them to take control over decisions in their life.

People told us staff supported them to access healthcare services when needed. One person said, "They'll take me to the doctor if I need." Staff described how they supported people to book and attend healthcare appointments. Staff told us they understood it was part of their role to support people to understand and take control of their healthcare conditions. We observed a staff handover where people's presentation and health concerns were discussed. Where people agreed for staff to support them at medical appointments records were maintained to ensure staff had access to up-to-date information about people's healthcare needs.

The home was purpose built and each person had their own bedroom which they could decorate for themselves. One person confirmed they had chosen their furniture. We saw bedrooms were personalised with people's own possessions and photos. In communal areas of the home people's artwork was on display alongside photographs of people attending local events. One of the people living in the home was a talented musician and had musical instruments in their room.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 whether any conditions on authorisations to deprive a person of their liberty were being met. No one living in the home was currently subject to a DoLS. One person had been in the past, but the service had supported them to increase their independence and they were now able to access the community independently and were no longer under constant supervision.

Staff were knowledgeable about the MCA and appreciated the complexities of situation and decision specific capacity. One support worker explained, "It's complicated and it does vary. Capacity can change each day. We have to ask and check each day, make sure they are really understanding the decision. We also have to respect they can change their minds. People can make their own decisions and we talk a lot about positive risk taking." People told us they made their own choices, and were not restricted. One person said, "I go out when I want. They can't stop me because I'm an adult who can make my own decisions." Records showed people consented to their care and treatment.

Is the service caring?

Our findings

People told us staff were kind. One person said, "I could talk to [two staff] any time." Another person said, "[Staff member] helps me. He understands me when I'm good or not good. He'll come and talk to me." Relatives felt confident staff understood their family member's emotional needs and provided appropriate support. One relative told us, "They [staff] genuinely like to help him. They strike the right balance, it's not intrusive but it is watching out for him."

Staff spoke about the people they supported with kindness and affection. In conversation the registered manager, team leader and support workers knew the details of people's life experiences and the impact these had on their day-to-day life. One support worker told us, "People can get upset sometimes. I'll go and sit with them. Offer them a cup of tea, see if there's anything I can do to help. Sometimes it's just about being there with them, acknowledging the emotions and letting them be."

People were supported to maintain their relationships with friends, partners and family members. Where people had had difficulties in their relationships this was included as a specific aspect of their support plan. People told us their relationships were respected. One person told us, "I have a girlfriend, the staff know and she can come over when she wants." The service collected information about people's relationship history.

People were asked about their sexual and gender identity as part of the provider's equality and diversity strategy. No one living in the home had disclosed if they identified as lesbian, gay, bisexual or transgender (LGBT). The home provided an atmosphere where it was safe to disclose this information. Staff had received training in equality and diversity. Staff demonstrated they understood the challenges people may face in disclosing their sexual and gender identity and felt the service provided a safe atmosphere for people to disclose this information. One support worker explained, "People here are comfortable with who they are. It's a very accepting community. [If someone identified as LGBT] their experiences would have a different slant, but I think we are good at accepting people here. It's important people feel accepted." Another support worker said, "We've not experienced bullying or discrimination here."

People were supported to attend a place of worship if they wished. We saw one person was encouraged to develop their independence through engagement with their religious faith. During the inspection they told us they could not stay and talk because they were going out to meet with people from their place of worship to plan an event. There was information in place to inform staff about people's life story and cultural background. The registered manager recognised that some people were happy to share this information, but others preferred to tell each member of staff in their own time.

Staff spoke to people respectfully during the inspection and we saw people's privacy was respected. Staff always knocked on doors before going into people's rooms, and asked permission to provide support. Staff described how they demonstrated their respect to people. One support worker said, "I always call people by their name, and make sure I sit with them, not talking down to them."

Is the service responsive?

Our findings

People told us they chose their activities. One person said, "I can try new things." They described a range of different community activities they attended. Another person said, "I'm pleased with the service. I do what I like." People were encouraged to be as independent as they were able to be and care plans included short term and long term goals to reduce the level of staff involvement in support. People were involved in baking groups within the home, as well as external activities with music and art.

The service operated a keyworking system where a named member of staff took the lead on reviewing and updating care plans. People met with their keyworkers regularly to discuss their care plans and progress with their goals. However, records of these meetings and details of the support in place did not reflect the detailed knowledge staff revealed in conversation. For example, records showed one person had the same goal, with the same amount of progress towards achieving it for three years. However, staff explained the different things that the person had been supported to try, and what had not worked and the new things attempted. The detail and nuance of the support was not captured in the reviewing systems in place.

Relatives told us they were invited to review meetings and were asked their views on how their family member was being supported. One relative said, "They keep me informed about what is going on." Another relative said, "They contact me if they need to, and they listen to me if I raise something. I think he's doing the things he wants. He has a very full life, with drama and art. It's a really good balance between independence and knowing he's secure and with people he can talk to."

Staff completed two detailed handover meetings each day to ensure they were up-to-date with appointments, events and changes in people's lives. We observed a handover and saw a detailed discussion of each person who lived in the home, with actions allocated to staff members to ensure people received consistent and coordinated care.

The registered manager had identified that records of care made by staff did not demonstrate people had received personalised care as described in their care plans. Records were brief and recorded limited information about people's presentation and engagement. Staff told us they found the system to record care "clunky" and difficult to use. One staff member said, "It's two clicks here then one click there. It always feels like you have to go backwards to go forwards. It would be very difficult for a brand new member of staff to find what they needed. They'd need a proper induction first." This reflected the experience during the inspection where it was not always easy for the management team to show the most recent and up-to-date information about people's needs and preferences.

This was particularly the case when it came to complaints. The system recorded complaints as a type of incident. The file-naming convention in use meant it was impossible to identify complaints from the system without running a separate report. Records showed the complaints received related to interactions between people living in the home, and other residents of nearby services. The management team had taken appropriate action in response to complaints in line with the provider's policy. People told us they would tell staff if they wished to make a complaint.

At the time of our inspection no one was identified as approaching the last stages of their life. Staff demonstrated an understanding of the sensitivity of the topic and explained how they would seek people's views through general conversation rather than through formal meetings. The provider had a detailed protocol and operational guidance in place for end of life care. This included reference to ensuring people were supported to plan for their end of life care. The policy also included lots of detailed guidance for staff about the practical steps they may have to take in the event of a death within the service. This included tips and guidance on communicating with bereaved families, housemates and informing the staff team.

Is the service well-led?

Our findings

The provider had a clear mission and values base centred on a recovery focussed model of support for people with mental health needs. The values of hope, respect, enabling and inclusion were used to underpin the recruitment and appraisal process for staff. Staff told us the organisation had been through a period of change over the last few years, and this was confirmed by their website and strategy which confirmed the organisation had grown as it had merged with other mental health support organisations in 2015.

The organisation had a long term corporate strategy for growth and quality with clear measures of success. However, it was not clear how this applied at a local level as goals and targets referred to percentages across the entire provider group. The registered manager sent us documents which showed local services had targets in relation to the national strategy.

The registered manager completed quality assurance visits to the service which identified issues with the quality and completeness of the records. The audits had failed to identify that hot water monitoring checks completed twice a week were recording water temperatures that would expose people to a significant risk of scalding. The registered manager showed us an email which listed the other issues identified from their audit including the quality of record keeping and detail in support plans. We saw records that showed the registered manager had been aware of issues with the quality of the service for over 12 months. However there was no plan in place to address them. It was not clear who would be completing actions, or by when or how progress would be monitored.

The registered manager was responsible for Foxlands House, a sister care home and a complex of supported living flats on the same site. The day to day management of the service was the responsibility of a team leader. The current team leader had only been in post for a month at the point of inspection. Prior to their being in post the registered manager had identified that meetings for people and staff were not taking place, and records had not been completed. The registered manager had been taking action to address these concerns since December 2016. However, the effect of these actions was limited as we found during inspection that care plans were lacking in detail, records of care were brief and there had been inconsistencies in the frequency of staff and residents meetings.

The provider used an electronic system for care records. Staff feedback about this system was mixed. Some staff told us they found it easy to find what they needed once they were familiar with the system. For example, one staff member said, "It's like all systems, you have to work it out. Once you know where it goes it's fine." However, other staff found the system difficult to use. The inspection team noted staff had different levels of confidence in navigating the systems during the inspection, and on several occasions old, or out of date information was provided in error.

The provider had asked people to complete surveys about the quality of their experiences living in the home. We saw staff provided support to the person who had completed the feedback. Only one person had completed the survey. They were happy with all aspects of their care. However, there was no analysis to

explore why more people had not participated in the survey.

The provider completed a staff survey in 2016. The results showed staff in the service expressed negative views about their pay and rewards and trust in executive leadership. The provider had introduced changes, created staff consultation forums, engaged with trade unions and made an externally provided employee assistance programme available to staff. The provider told us they completed staff surveys every two years so they had not yet evaluated the effectiveness of these measures. In 2017 the provider had completed an external leadership and management accreditation scheme. As part of the assessment the accreditation scheme had completed surveys and collected feedback from staff. This found inconsistencies across the organisation in perception of the senior leadership and dissatisfaction with pay. Staff gave us mixed feedback about how well they felt the service was supported by the provider. One staff member said, "I really like the Richmond Fellowship. It's a good place to work." Another member of staff said, "It's difficult, because the whole sector is under pressure, but I feel like they [the provider] put a lot of pressure on us as a service. It's not always helpful."

The registered manager attended regular manager's meetings with other managers from the provider's services. The records of these meetings showed managers raised concerns about stress and workload, induction processes and recording systems. After the inspection the registered manager sent us records to show the changes that had been introduced in response to this feedback. The improvements aimed for had not yet been achieved as the systems had only been introduced very recently.

The above issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us they liked the registered manager and new team leader. One person said, "They [team leader and registered manager] are two of the best staff ever." A relative told us they were confident in the practice of the service. They said, "The organisation knows what it is doing. [Registered Manager] is very approachable." Staff also told us they found the registered manager approachable and supportive. One support worker said, "The managers onsite are great. I've not a bad word to say about them. They've got enthusiasm, drive and passion for what they do." Another support worker said, "They [management team] are helpful if you need to know something. They are always ready to help us."

Records showed meetings for people who lived in the home had been taking place regularly since July 2018. People were able to contribute suggestions about activities, meals and planning for holidays. There had also been a discussion about the communal areas of the homes.

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 and processes had not operated to identify and improve the quality of the service and records. Regulation 17(1)(2)(a)(b)(c)(d)