

Fosse Healthcare Limited

Fosse Healthcare - Armstrong Gardens

Inspection report

Burton Court Community Centre
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Fosse Healthcare - Armstrong Gardens is an Extra Care Housing service that provides personal care to people in their own homes. People have access to communal areas such as a community centre and staff are on hand if needed. Support with personal care was provided for 9 people at the time of this inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care for or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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.

People received safe care that ensured the risk of abuse and neglect was reduced, they received their medicines in a safe way and staff reduced the risk of the spread of infection. Risks to people's health and safety had been assessed, monitored, and reviewed; changes were always implemented quickly. There were enough skilled and qualified staff to provide care. Any accidents and incidents were reviewed, where needed changes were made to people's care to reduce the risk of recurrence.

Prior to people receiving care, their needs were assessed to ensure they could receive suitable care that met their health needs. People received care that protected them from discrimination. Staff were well trained and received supervision of their role and assessment of their competency. People were supported to maintain a healthy lifestyle and balanced diet. Staff worked in partnership with other health and social care professionals to provide timely and effective care.

People found staff to be kind, caring and respectful. They received dignified care that respected their privacy. Independence was encouraged. People were consulted about their care package, and they felt able to talk with staff about changes to care.

People received person-centred care that met their individual needs. People were supported to maintain friendships and relationships with family and to meet new people. This included regular events in communal areas such as the community centre, which could be accessed by others from the local community. People's individual way of communicating were embraced and respected, this included supporting people who may be blind or deaf or had a learning disability. People knew how to make a complaint if needed and felt their concerns would be listened to.

Robust quality assurance processes were in place. The registered manager worked with the provider to continually assess and improve the quality of care people received. The registered manager was knowledgeable about the regulatory requirements of their role, and they were supported by the provider to carry out their role effectively.

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

Rating at last inspection

This service was registered with us on 13 July 2021, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Good ●

The service was 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Fosse Healthcare - Armstrong Gardens

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector and an Expert by Experiences (EXE). An EXE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] service.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 May 2023 and ended on 11 May 2023. We visited the location's office on 4 May 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service since registration. 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 this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 1 relative about their experience of the care provided. We spoke with 2 members of the support staff, office support, the registered manager, area manager, quality assurance manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 9 people's care records, medication administration records and the daily notes recorded by care staff. We looked at 2 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures and training records.

After the inspection

We asked the registered manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We also contacted 9 other support workers and administration staff who were not present during the inspection. We asked them for their views on the care and support provided and the management of the service. Five staff responded. We used all this information to help form our judgements detailed within this report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of avoidable harm and abuse.
- People told us they felt safe when staff provided care. One person said, "I feel safe here. You don't have any worries here. I know there's someone to help me. I just need to press this (safety alarm) and in 5 minutes there would be someone here to help me." Another person said, "I didn't feel safe in my old place, but I do feel safe here. I don't need respite now. The staff say, 'If you want anything, don't be scared, just call us'."
- People were provided with details of who they could contact if they felt unsafe or if they felt staff had treated them in a way that placed their safety at risk. Staff understood how to report concerns and felt confident in doing so. Where required, concerns were reported to the relevant agencies such as the Local Authority Multi Agency Safeguarding Hub and the CQC.
- The registered manager recorded safeguarding incidents on an internal electronic recording system. These incidents were then reviewed by senior management and they, along with the registered manager, ensured the incident was investigated, and actions taken to prevent recurrence. This helped to keep people safe.

Assessing risk, safety monitoring and management

- The risks to people's health and safety were assessed, monitored, and amended when people's needs changed.
- People told us staff understood how to provide safe care. One person said, "I feel so safe when the carers are looking after me. They know what they are doing. I sit down on the chair when they shower me. They wash my back and if my [condition] is bad they will try other things. They put a big towel around me. I feel so safe, and I enjoy my shower."
- Assessments were in place for a variety of risks including nutrition, moving and handling and pressure care. Care plans and risk assessments were reviewed and reflected people's current needs.
- Plans to help evacuate people safely from their homes was in place. These were regularly reviewed should people's needs change. Assessments of people's homes were carried out to ensure they were safe for the person living there and for the staff when providing care.

Staffing and recruitment

- There were enough suitably qualified and experienced staff in place to keep people safe.
- People told us staff turned up at the agreed time and provided the care and support they required. They also said when they needed urgent assistance staff responded quickly when the emergency buzzer was pressed. One person said, "I have pressed my lifeline twice. Both times they came straight away."
- People told us they knew what staff were due on each call and new staff were introduced to them. This made people feel safe and reassured. One person said, "They were all introduced. They don't want me to

just let anyone in, so they make sure I know who they all are. They are all lovely."

- People were supported and cared for by staff who were recruited safely, and appropriate checks were carried out prior to them commencing their role. This included a criminal record check, identity check and obtaining references from previous employers. This helped to reduce the risk of unsuitable people providing care for people.

Using medicines safely

- People were protected from the risks associated with medicines.
- People told us if they needed support from staff with their medicines, staff understood what to do and people were happy with the support received. One person said, "There are no problems with medication. They watch me take [medicine name] to make sure I do it right."
- The provider has supported people to maintain their independence with their medicines. For example, a person was regularly forgetting to take their medicines. The provider helped the person purchase a smart speaker and it was programmed with alarms to remind the person to take their medicines. This helped the person to retain their independence and limit the unnecessary input from staff.
- People had medicine administration records (MAR), care plans and risk assessments in place. These records were regularly reviewed to ensure errors were highlighted before they impacted people's health and safety.
- People who required 'as needed' medicines had guidance in place to inform staff how and when the medicines were to be administered.
- Competency assessments were completed to ensure staff performance was monitored. If staff did not manage people's medicines in the required way, the provider had a number of options to support the staff member. This included retraining; however, if poor performance persisted then staff would be removed from managing people's medicines.

Preventing and controlling infection

- People told us they were pleased with the way staff helped to reduce the risk of the spread of infection.
- People told us staff wore appropriate personal protective equipment (PPE) during the Covid pandemic and will do so if there is any increased risk.
- There were safe and effective measures in place to reduce the risk of the spread of infection and Covid-19.
- We were assured that the provider was preventing visitors to their office from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accidents and incidents were reported, investigated, and acted on.
- The registered manager reported all serious incidents to senior management. These were then reviewed, actions agreed and then a review was completed to ensure the actions had led to a reduced risk of recurrence.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices, delivering care in line with standards, guidance, and the law

- Records showed that people received a comprehensive assessment of their care and health needs prior to starting with this service.
- This enabled the provider to assure themselves that an Extra Care Housing setting was appropriate for the person, enabling them to lead independent lives, with the added security of staff being present if required.
- Where people had specific health conditions that required specialist care or treatment; the provider had ensured that care plans and risk assessments were written in accordance with recognised best practice guidelines. For example, supporting people with pressure care and diabetes.
- People's protected characteristics were considered when care was provided. This reduced the risk of people experiencing discrimination.

Staff support: induction, training, skills, and experience

- Staff had the experience, training, and skills to provide effective care and support for people.
- People praised the care they received from staff. One person said, "I can't say a wrong word about any of them. They come in the morning to see if I've had a good night and ask if I am ready to get up. I feel they are well trained."
- Staff received regular supervision of their role and assessment of their on-going practice. Spot-checks were completed to ensure specific elements of care were completed in accordance with best practice guidelines and company policies and procedures. Extra training was provided for staff who required it.
- Some staff had completed nationally recognised qualifications such as diplomas in adult social care. There are plans in place to encourage more staff to complete these qualifications.
- Staff had received training in how to support people with a learning disability and/or autism. This will enable staff to provide the appropriate care and support should a person require it.

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

- People were supported to follow a healthy and balanced diet.
- People told us if they needed support with their meals, staff knew what they wanted and how to assist them. One person said, "They always ask what I want. I normally have a shake for breakfast but today I really fancied a bacon sandwich, so they did that for me." Staff supported people who needed encouragement and support to eat and drink more to maintain a balanced and healthy diet. A relative said, "They are always encouraging [family member] to drink fluids."
- Guidance was provided for staff on how to reduce the risk of a person experiencing too high or too low

blood sugar levels. Guidance was also in place on how to care for someone should this occur. This helped to reduce the risk to people's health and safety.

Staff working with other agencies to provide consistent, effective, timely care

- Staff provided care in accordance with professional's feedback and guidance.
- Where needed, care plans and risk assessments were amended to ensure they complied with health and social care professional's recommendations and instructions.
- A representative of the local authority commissioners told us the registered manager was approachable and they had a positive working relationship with them and their staff.

Supporting people to live healthier lives, access healthcare services and support

- People were provided with information about how to access other healthcare agencies. Where needed, staff would attend appointments with people. This helped to ensure people were able to receive reviews of their health from other health professionals.
- A person said, "They sort out health appointments for me. I have got a hospital passport for when I need to stay in hospital. They organise for me to go to hospital to [procedure] and then I go on my own." Another person said, "If I needed to go to the optician or dentist or hospital, (relative) takes me, but I know I could ask the carer if I needed them."
- Changes to people's health were discussed with professionals, and care plans and risk assessments were amended to reflect these changes

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. There were no current restrictions in place.

We checked whether the service was working within the principles of the MCA.

- People told us they were able to make decisions and did not feel decisions were forced upon them by staff.
- Due to the nature of the service, people had capacity to make decisions for themselves. The provider had processes in place if people were unable to make decisions for themselves, detailed mental capacity assessments would be put in place. This included best interest documentation which would ensure decisions were made with the appropriate people such as a relative and health professional.
- People's care records also contained examples where, if able, they had signed to give their consent to certain elements of care provided. This meant people's right to make their own choices about their care was sought and acted on, protecting their rights.
- The registered manager and staff had a good understanding of the MCA and were aware of the processes to follow should an application be made to the Court of Protection to restrict people's liberty within their own home.

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.

This is the first inspection of this newly registered service. This key question has been rated good. 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

- People were treated well, received the support they needed, and care was provided in a way that did not discriminate.
- People told us they liked the staff and had positive experiences with them. One person said, "I've never had any trouble with any of them, they feel like friends. I can be short-tempered, but none of the staff get me going, they know just how to get things right for me." A relative said, "The staff are brilliant. They get the care just right. If I have a problem with (my relative), I just press the lifeline and they'll come in minutes."
- Care plans contained reference to people's protected characteristics such as disability, race, and religion. Where people required care to be provided in a specific way that protected their rights, the provider had the policies and processes in place to ensure this.

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

- People were involved with decisions about their care; people felt able to discuss their care needs and were confident staff would respect and act on decisions they had made.
- People had control over what care they needed and how it would be provided. People had a say on what time they wanted staff to attend their home and also had the flexibility to increase or decrease their care when needed.
- A person said, "I have a shower in the morning and a wellbeing visit in the afternoon. I could have another visit later in the day if I wanted it, but I've chosen to just have the 2 visits for now." Another person said, "Staff used to come at 6:30am to give me my shower, I asked the manager to change it and now they come at 7am. That's better for me."
- A 'guidance and information' pack was provided for people new to the service. Within that pack guidance was provided on how people could access an independent advocate to support them with making decisions. An independent advocate will speak on behalf of people who may not have anyone else to do so. They ensure their views are heard and acted on.
- People's care records showed they were involved with regular reviews of their care.

Respecting and promoting people's privacy, dignity, and independence

- People were treated with respect and dignity; their independence was encouraged.
- People praised the dignified way staff provided care. One person said, "They help me shower every day, I do some parts and they do the rest. They are very gentle." Another person said, "I find them all caring and respectful. I never feel rushed."
- Staff encouraged people to maintain their independence. Care records contained guidance for staff to ensure people, where able, could do things for themselves. People praised this approach. One person said,

"When I'm feeling well, I try to be more independent, like I'll tell the carers which clothes I want out of my wardrobe, and I'll do more for myself getting dressed."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received care that was personalised, considered their care needs and their needs choices and preferences.
- People told us they were involved with the planning of the care; they understood the content of their records which reflected their needs and felt able to discuss their care needs with the staff and management.
- One person said, "I've got a care plan, staff also update things they have done on their phone [electronic care planning device). This includes medicines and they'll update things as they change." Another person said, "It's all written down in a folder about what I need and how I like to be looked after and what meals I should eat."
- People's diverse needs and cultural beliefs were always considered when care was planned and delivered. This included people's religious needs.
- Guidance would be provided in people's care records on how to support people who may have a learning disability. This included techniques to spot individual signs of agitation and frustration.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager had a thorough understanding of the requirements of the AIS. They told us they had amended the wording of some of their care plan review documents to enable a person to understand the content.
- Care plans could be changed to larger fonts and some documents could be translated into Braille to support people who may be blind or visually impaired.
- Easy read versions of policies and procedures were in place to support people who had a learning disability. This reduced the risk of people being discriminated against because of a disability.

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 maintain relationships with people who were important to them.
- Staff have helped people use technology to talk with and see family who were unable to come and see them. This included the use of video technology apps such as Zoom, Snap Chat and WhatsApp. This helped

to reduce the risks of social isolation and loneliness.

- People told us they were supported by staff to follow their hobbies and interests. One person said, "Some time each week staff take me out. They ask me what I want to do. It was hard moving here and not knowing anyone, they helped me sort out some volunteering roles where I made some friends." Another person said, "I have activity days. It all depends on what I want to do and how I am feeling. We might go out with my electric scooter and get some fresh air, or we might just sit and chat."
- Another person told us staff always encouraged attendance at social events in the community centre. This included regular bingo sessions and other activities. Plans were in place to support people to socialise to watch the King's coronation. A person told us staff had helped to find bunting for them for their home.

Improving care quality in response to complaints or concerns

- People were informed how they could make a complaint and what action would be taken to address their concern. Guidance was provided about how they could complain to external agencies if they did not feel their complaint had been handled appropriately.
- People and relatives told us they understood how to make a complaint. One person we spoke with described a complaint they had made, and they told us this had been dealt with appropriately.
- Processes were in place to investigate and respond to formal written complaints in accordance with the provider's complaints policy. To date no formal written complaints had been received.

End of life care and support

- End of life care was not currently provided.
- Staff had received training should people require this care.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were supported to lead positive lives. Staff support people to achieve positive outcomes.
- People liked living at Armstrong Gardens. They felt staff supported them and provided care in a way that helped to improve their quality of life. A relative told us they were pleased that their family member let the staff shower them, they told us they never thought that would be something that could happen.
- Staff liked working at Armstrong Gardens. They enjoyed their role and they felt they made a positive impact on people's lives. A staff member said, "The goal for us all is it's like looking after our own family, if it wouldn't be good enough for my mum then it isn't good enough for them."

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

- To date, this process has not been required. However, the provider ensured if mistakes occurred, they would investigate them fully and apologise to the people affected. This would help to improve people's experiences of the service and to assure them that their concerns were acted on.

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

- Staff had a clear understanding of their role and how they contributed to the effective running of the service.
- The registered manager understood the regulatory requirements of their role. They ensured when reportable incidents had occurred their senior management team, the local authority and the CQC were notified. This open and transparent approach meant we could be assured that the provider acted in accordance with regulatory requirements and people continued to receive safe care.
- The registered manager had not yet completed their diploma 'In Leadership for Health & Social Care'. They were in discussions with the provider to commence working towards this qualification. This qualification is important to ensure registered managers have the appropriate skills to manage adult social care services, and that people received safe care and support.

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

- People, relatives, and staff all felt involved with decisions made by the provider and felt their views mattered.

- People told us they would recommend this service to others. One person said, "I recommend them, 100%. It's this team of staff. You know who is coming and they know you and you can trust them." Another person said, "It feels like a good decision to move here. It's got lots of space and the carers are lovely, I'd recommend it."
- People praised the registered manager. One person said, "Sometimes [the manager] comes to see me. She's very nice and good at her job. I think she has worked in care all her life, so she properly understands."
- People met with the registered manager regularly. They discussed their care package and if they had any concerns they wished to raise. Following these meetings changes have been made to people's call times, the length of calls, they have agreed trips out and discussed their views on staff.
- The registered manager told us as they had a small number of people to care for, they prided themselves on knowing them well and making people feel comfortable to talk with them.

Continuous learning and improving care

- There were robust quality assurance and governance procedures in place that encouraged a culture of continuous learning and improving care.
- The use of digital technology was used to give staff more time to care for people.. Staff used handheld, secure devices that informed them what was needed at each call. Staff had to physically enter the details to state the task had been completed. Reminders were sent before they finished each call, should they have forgotten to do something such as give a medicines.
- The registered manager told us this vastly decreased the risk of errors being made that could affect people's health and safety.
- Audits were completed to assess the effectiveness of procedures regarding medicines, infection control, safeguarding concerns, accidents and incidents and many other areas of care. Audits were either completed by senior management, the registered manager or delegated to other staff. Any issues highlighted resulted in action plans and relevant staff held to account for making the required improvements. Positive examples were used to inform provider-led forward business planning and were shared with other registered managers and staff within the provider group.

Working in partnership with others

- The provider worked in partnership with a variety of health and social care professionals from several different agencies. These included social workers, occupational therapists, and GPs.
- Staff had been working with GPs to give them the training and understanding to identify the early signs of poor health before they escalated into more serious conditions. Staff had been trained to take people's blood pressure and to measure oxygen levels, and action could be taken quickly to address any concerns.
- We were told the local pharmacy had photographs of staff who had been authorised to collect people's medicines on their behalf. This had been agreed with each person and reduced the risk of their medicines being accessed by inappropriate people.