Foresight Residential Limited

Foresight Residential Limited - 9 Park Road

Inspection report

9 Park Road
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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?	Requires Improvement

Summary of findings

Overall summary

Foresight Residential Limited 9 Park Road is a residential care home for 11 adults who may have a learning disability, dementia, autism and/or who have a physical disability and/or sensory impairment. There were nine people living at the service and one person receiving respite (short term stay) when we visited.

We inspected on 31 July 2017 and the visit was unannounced, which meant the provider did not know we would be visiting.

At the last inspection in December 2014, the service was rated good. At this inspection we found the service remained good. There was a registered manager in post, who we have referred to as 'the manager' in this report.

Quality assurance checks in place were basic and did not include oversight from the provider. We have made a recommendation that the provider review their approach to quality assurance to include quality checks by them or their representative to ensure the consistent quality and safety of the service.

Staff we spoke with had a good understanding of the needs and vulnerabilities of the people they were supporting. They were able to describe different types of abuse and were confident to follow procedures should they need to raise a safeguarding concern. People who live at the service told us they felt safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff had training and used distraction techniques to support people who found managing their emotions or behaviour difficult, as physical restraint was not used. No one was deprived of their liberty, but applications to lawfully deprive people of their liberty had been made for people who had been assessed as not being able to consent to their care.

Care plans reflected people's specific needs and how people wished to be cared for. Some care plans we looked at needed to show more detail, to be updated and to show people's current level of need.

Staff were supported through regular supervision and relevant training was available to assist them in their role. Some staff appraisals were overdue, but the manager was aware and had scheduled them to take place.

The administration of medicines were appropriately managed and staff received training and checks on their competence.

There were robust recruitment policies for permanent and agency staff. Agency staff were used to cover gaps in the rota. This demonstrated that the manager could make informed decisions when offering employment.

People were supported and encouraged to eat healthy foods and their individual food preferences and choices were respected. People we spoke with said they liked the food.

People were referred to health care professionals if staff had concerns, which ensured their health needs were being addressed.

Regular checks were completed to ensure the building and environment was safe, which included the fire alarm, gas and electricity. People could choose how they wished their bedrooms to be decorated and had personal items that were important to them.

People were involved with some of the day to day decision making about what they wanted to happen and easy read and pictorial documents were available to enable people to express their opinions.

People in the home had access to a range of activities and could follow their own interests. The manager and staff were committed to ensuring people had access to and were integrated into the wider community.

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?

Requires Improvement

The service was not consistently well led.

Quality assurance checks in place were basic and did not include oversight from the provider.

A recommendation has been made that the provider reviews their approach to quality assurance.

A registered manager was in post, staff told us they were very approachable, forward thinking and they felt supported in their role.

People who used the service and their relatives were regularly asked for their views and their suggestions were acted upon.

Foresight Residential Limited - 9 Park Road

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 checked 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.

The inspection took place on 31 July 2017 and was unannounced. The inspection was comprehensive which meant all key lines of enquiries were assessed. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we checked all the information we held about the service including notifications which the provider had sent us. Statutory notifications tell us about specific events which occur at the service and about which the provider is legally required to inform us. We asked for feedback from the local authority who commissioned the service. Before the inspection, the provider completed a Provider information return (PIR). A PIR is a form which 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 help us plan the inspection.

During this inspection we looked around the building and spoke with seven people who used the service. The expert by experience made telephone calls to three relatives of people who live at the service to find out their views on the care and service their family member received.

We spoke with the manager, the deputy manager and three staff. We had conversations with the other staff on duty and spoke with three health care professionals.

We looked at two people's care records which included daily recordings, reviews and risk assessments. We

inspected medicine administration records and the systems for ordering and storing medicines.

We checked three staff files to inspect if the providers recruitment, induction, training and support procedures were robust. We also looked at team meeting minutes, internal audits and maintenance documentation.

Good

Is the service safe?

Our findings

This service remains safe. A person we spoke with said, "This is my house and yes, I feel safe here." A relative we spoke with said, "I feel [Name] is a hundred per cent safe here. I have no concerns whatsoever."

As some people who live at the service did not find it easy to communicate we observed their body language and how they interacted with staff. People were relaxed and happy and there was gentle banter with the staff on duty. This showed that people felt secure around the staff supporting them.

We saw policies and procedures about safeguarding vulnerable adults from harm and abuse. The staff we spoke with had a good understanding of the different types of abuse. They knew about the provider's whistleblowing policy and were confident to raise any concerns. Whistleblowing is where people can disclose concerns they have about any part of the service where they feel dangerous, illegal or improper activity is happening.

The building was safe and secure. As we walked around the building the fire alarm was tested. Unfortunately, the fire alarm couldn't be fully silenced straight away, but the staff on duty acted promptly and this was resolved. The provider's electrician was contacted immediately and arrived to check the system was working. When we spoke with them they confirmed that the fire panel was going to be upgraded. We saw that fire doors closed automatically and staff were observed reassuring and explaining to people what was happening.

Personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide information to ensure an individual's safe evacuation from the premises in the event of an emergency. In the service's emergency grab bag by the door we noticed ear defenders. One person who lives at the service is sensitive to loud noises and becomes anxious. We observed that this person was supported to wear their ear defenders whilst the fire alarm was being tested and they were reassured. This meant that their anxiety was reduced.

We saw records that demonstrated regular checks were completed to ensure equipment and the environment was safe.

We looked at the arrangements in place to record and review accidents. Records showed staff understood how to record and monitor accidents. The manager reviewed these records which meant actions had been taken to try and prevent reoccurrences and to identify any trends.

The care records we looked at showed risk assessments were in place and had been reviewed. For example, one file we looked at showed that this person was able to make themselves' toast with some support of the staff. The risk assessment showed what measures were needed to make this activity safe.

Recruitment practices were safe. We looked at three staff files. References had been obtained, and Disclosure and Barring Service (DBS) checks had been completed. These checks are undertaken to ensure

any potential staff are had not been excluded from working with adults at risk.

During the inspection we asked to see copies of the rosters for the four weeks prior to our visit and two weeks in advance. We saw that the home had appropriate staffing levels.

We looked at the dependency tool which determined how many staff were needed for each shift based on how many people lived at the home and their level of need. The manager was aware this tool needed to be updated, but we did not see that this had impacted adversely on the people in the home.

Agency staff were used when there were gaps in the rota that could not be filled by the permanent staff. We saw evidence that checks were completed to ensure they had the necessary skills to meet people's needs and agency inductions had been completed. The manager explained that they had a good working relationship with the manager of the agency they used regularly and the agency manager had visited the service to gain an understanding of the needs of the people who lived there. The manager tried to use the same agency staff. This meant that agency staff became familiar with the needs of the people they were supporting.

The home was not fully staffed at the time of our inspection, but the manager explained they were in the process of recruiting permanent staff.

Medicines were managed correctly. We looked at the arrangements that were in place to ensure the safe management, storage and administration of medicines.

Controlled drugs (CDs) were stored and recorded correctly. CD's are medicines which require stricter legal controls to be applied to prevent them; being misused, being obtained illegally or causing harm. We completed a spot check on the number of tablets a person had. The total number of tablets remaining matched their medicine administration record.

We saw records which confirmed staff who administered medicines had received training and their competency had been checked. Records to evidence safe administration were completed appropriately.

One person we spoke with said, "The staff are good at giving me my tablets when I need them."

Good

Is the service effective?

Our findings

Systems and arrangements were in place to ensure the service was effective. We looked at the training plan which showed training staff had received and when refresher training was due. The manager explained that they were moving to a computerised system in the near future to make the plan more accessible and easier to manage. The training was mostly up to date.

Staff told us they felt confident in asking for specific training. They had received training to support people who communicated using British Sign Language. One member of staff we spoke with said the training they received helped them to undertake their role effectively.

One person we spoke with told us, "Staff do support me. Staff know their jobs and they know what they are doing." A relative we spoke with said, "I feel that staff have the knowledge and training they need to support [Name]. They are very well looked after." Another said, "The staff are skilled. [Name] is always well looked after. The staff seem competent and professional to me."

Staff received supervision and appraisals. Supervision and appraisal is a process, usually a meeting, by which an organisation provides guidance and support to staff. We observed that some staff's appraisals were late but the manager had already noted this and scheduled those that needed completing.

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. One member of staff we spoke with explained that they gave people time to give their consent. They would also interpret body language and facial expressions to determine if a person was consenting to the support being offered. We observed staff speaking gently to the people they supported during our inspection.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with understood their responsibilities under the MCA and had received training. Nobody at the home was subject of a DoLS, but we saw evidence which demonstrated appropriate applications had been made.

We recommended that MCA reviews were recorded on separate documentation making it clearer to understand and identify if and why there had been changes and any actions needed. This would ensure care plans could be updated accurately. We suggested that a best interest meeting should be considered for a person whose needs restricted them from having access to all areas of the home. We spoke to the manager who said they would arrange this. These meetings help support people who lack the capacity to make their

own decisions. We observed that people were well supported and we had no concerns regarding their care.

People were supported to have a healthy diet, were involved in menu planning and offered choice. One person we spoke with told us, "I like the food. We get a choice." Another said, "The food is sometimes nice. It depends what [Name] is cooking. I tell them in advance if I don't like what is on the menu. I am supposed to be putting on weight. I don't eat as much as some of the others. Staff are encouraging me to eat more fruit and vegetables though."

There was a dedicated cook, but when they were not on duty staff shared the cooking duties. We looked at the menus for the previous three months which showed they were nutritious and balanced. People's individual dietary needs and preferences were clearly written and in pictorial form where necessary.

We saw the use of the malnutrition universal screening tool (MUST) for a person whose food and fluid intake needed to be recorded. This meant that this person was being regularly weighed and their weight monitored.

We saw records that evidenced people's health needs were supported and referrals were made to health care professionals when required. One health care professional we spoke with told us, "The staff are kind and caring and know about people's health needs." Another said, "Staff have followed the health action plan and are on board with what I am trying to achieve for the person."

The environment was clean and free from clutter. The basement area was being redecorated during our inspection. People congregated in the dining area which was a friendly and sociable place for people to gather. Stairways and some doorways were clearly marked to enable people with sensory impairments to move around the building safely. A relative we spoke with said, "[Name] likes their room and having all their things in there.

Good

Is the service caring?

Our findings

People we spoke with said the staff were kind and caring. One person said, "They [Name] are nice." Another we spoke with said, "I have a key worker and I have meetings with them. Other staff are also nice, and they listen to me."

We observed staff interacting with people. They used humour appropriately and treated people with dignity and respect. For example, we saw staff taking their time and being very patient and understanding with people who did not find it easy to communicate their wishes verbally.

One person we spoke with said, "Staff knock on my door before coming in to put clothes or bedding away." All the staff we spoke with explained that respecting people's privacy and dignity was important to them.

During our inspection we noticed one person became agitated a couple of times during the day. This person found it difficult to calm themselves and needed the support of staff to achieve this. Staff used distraction techniques and spoke gently to this person. This consistent approach meant that the person settled quicker and was able to join in with the other people in the home.

People's independent skills were promoted. Staff we spoke with said they encouraged people to remain independent by asking and checking with them what they could do for themselves. One person we spoke with said, "I am cooking and sewing today." Another said, "I am changing my bed."

A relative told us, "The staff are great. When I come here to pick up [Name], the staff are pleasant and I feel they are in good hands. Plus they love living here." Another told us, "Staff are caring with all the clients that I've seen. I am kept up to date with my relative's needs and my feelings and thoughts are taken into consideration. It's a lovely home, both inside and out." Another relative said, "I speak to the manager on a regular basis. They are very forthcoming with information, and if there are any issues. There is good communication between us and I feel they support [Name] well."

Staff we spoke with knew the residents well and recognised that some people needed more structured routines. For example, a member of staff explained that they needed to respect the personal space of a person they were supporting who had autism. "We try and support them to be less institutionalised, but also recognise that we have to respect their routines which make them feel comfortable as this is their choice."

People in the home were involved in some of the day to day decisions. For example, during our inspection people decided that they were going to go out for lunch which hadn't been planned for that day. We saw the results of a residents' survey. This had been undertaken so people's opinions could be taken into consideration. It was presented in an easy read format and included pictures to help people express themselves.

Good

Is the service responsive?

Our findings

Care plans we looked at gave details of how a person wished to be cared for, they were regularly reviewed and showed that where necessary, family members had been involved. For example, one person's file we looked at showed that their needs had changed. Referrals were made to health professionals and the family had been involved. Assessments and risk assessments had been completed for this person and different interventions tried to meet their needs. This demonstrated that staff were responsive and sought advice to ensure this person had access to the support they required.

A health care professional told us, "I was impressed as the home consistently sent the same member of staff to appointments with the person." This meant that the staff gained a good understanding of that person's needs.

One care file evidenced that a person had been fully involved in their review even though it was very difficult for them to verbally express themselves. This showed that the staff had taken time to ensure this person's voice could be heard.

People who lived at the service and their relatives told us the care given was person centred. A person we spoke with said, "I get to voice my opinion. I feel that I get the support I need." One relative we spoke to said, "Staff will tell me if there are any problems."

People had access to a range of activities. We saw people's individual activity plans for the week. One person's record showed they went carriage riding, had music therapy, pamper sessions and had one to one time with a member of staff to go shopping. People had free time to decide what activities they wanted to do for themselves which could include going out for meals or completing household type tasks such as tidying their rooms.

One person we spoke with told us, "I like going out. I go out for lunch with people from [Name] and I go shopping." A relative we spoke with said, "The home here does a lot more social stuff than [Name's] previous home. They like going to the pub, the disco, and swimming." Another person said, "I like going to the disco and swimming, I've done horse-riding and we had a barbecue last week. We had a musician who came to the house last week."

We looked at the provider's complaints policy and spoke with the manager who was aware how to deal with complaints. One person we spoke with told us, "I've never had to make a complaint. I would know who to go to though, the seniors, the deputy, or the manager. We have client meetings. I get to voice my opinion. I feel that I get the support I need." A relative we spoke with said, "[Name] will say if they feel that something isn't right."

Requires Improvement

Is the service well-led?

Our findings

A registered manager was in post at the time of the inspection. 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.

A relative we spoke with told us, "The manager is definitely approachable. I can talk with them anytime I want. I have no complaints." Another said, "I feel that I can talk to the manager by e-mail or phone calls. They do listen to me. The manager phones if there are any issues." A person we spoke with told us, "We get on well. They listen to me if I need to tell them anything."

A member of staff we spoke with said, "The manager is really good. When they started working here we used to have cups for people who lived here and cups for staff. The manager came in and said, 'We are not having that...we all drink from the same cups in this house now'. I felt this was really good. They have really put their stamp on the place and made it into a much better home."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. We saw that a range of checks had been completed by the manager on the safety of the environment, which included checks on electrical and gas installations. We also saw that other audits had been completed such as the management of medicines and accidents and incidences.

Before the inspection we met with the provider to discuss their oversight and line management of the managers across their services with the CQC. We did this because we recognised the provider did not visit their services to carry out quality checks. They did not supervise the manager to ensure they had up to date information on how services must be run based on recognised good practice and legislation. This meant that they could not be confident that the management systems in place were sufficiently robust to drive continuous improvement.

We discussed the progress with the manager at this inspection. They explained the provider was now aware of their responsibilities and had visited the service recently. However, plans to address our concerns had yet to be confirmed.

We recommend that the provider review their approach to quality assurance to include quality checks by them or their nominated representative to ensure a quality and safe service is consistently delivered.

Staff said that they had regular team meetings. We looked at records which showed this. A member of staff we spoke with explained that during team meetings they were able to share good practice. For example, they were able to explain how they had been able to successfully give a person their medication who would sometimes be unaccepting of it. The staff now administered this person's medication the way they liked it to be given. This meant that the person was less anxious when taking their medication.

Staff we spoke with were committed to working together for the good of the people who lived at the service. One member of staff told us, "We ensure that people who live here use their full abilities and support them to achieve their goals and ambitions." Another member of staff said, "We are proud of what we do."

The manager sought annual feedback, from people and their families, on the service provided. We looked at the surveys which had been sent to relatives and people who lived at the service in January 2017. These were used to look at the quality of care provided and suggestions for improvements. The survey for people who lived at the service was presented in an easy read format which also contained pictures. This survey showed that people felt happy and cared for. The survey completed by relatives included comments such as, 'Great staff team, continue the good work' and 'Park Road is a lovely place to visit and I know [Name] is extremely happy.' There were a couple of comments suggesting that the home needed redecorating. The manager confirmed that a refurbishment programme had begun and we saw evidence of this.

A relative we spoke with told us, "I got a questionnaire sent out. [Name] has a care plan and we have meetings."

There were links with the local school and church. The service was in the process of putting on a production of 'Oliver'. Several people who lived at the service were involved in this project. The manager explained that they were going at the pace of the individuals involved. A relative we spoke with said, "When we go back home where [Name] used to live, they now say, 'This used to my home but I live in Harrogate, that's my home now.' To me, that shows how happy they are."