

Foxglove Care Limited

Foxglove Care – 14 Church Road

Inspection report

14 Church Road, Wawne, East Yorkshire
Tel: 01482 826937
Website: www.foxglovecare.co.uk

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on 4 December 2014 and was an announced inspection. We gave short notice of our visit. This was due to the nature and size of the service and that the manager and people living in the home may be unavailable if we had visited unannounced.

The last inspection of this service was on 15 April 2013 when the service was meeting all of the relevant requirements.

14 Church Road is a bungalow in a residential area. It has two bedrooms, a lounge, a dining area and a kitchen. It provides a service for up to two to younger adults with autism or learning disability.

There was not a registered manager in post, although an application for this has been received by the commission. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected. The manager told us how the one person living in the home had been supported with this.

Improvements were needed to some of the documents and paperwork held within the home to ensure these were up to date and complete. This was a breach of regulation 20 of the Health and Social Care Act 2008 and you can see what action we told the provider to take at the back of the full version of this report.

The quality assurance systems required improvements to make sure they were effective in reviewing the systems in the home when meeting people's needs. This was a breach of regulation 10 of the Health and Social Care Act 2008 and you can see what action we told the provider to take at the back of the full version of this report.

Systems were in place to support people to take risks in their lives and to be protected from harm.

People were supported by staff who had had been checked to help make sure they were suitable to work with vulnerable people.

People were supported by the right amount of staff and this had been determined based on their individual needs.

People were supported with any medication needs although some improvements were required with the paperwork and policies for this.

People were supported by staff who received an induction and training to help them have the skills and knowledge to support people effectively. However, paperwork for this required improvement.

People were supported with the meeting of their dietary and health needs. Although some minor improvements were required with the paperwork for this.

We observed staff to be polite and caring. Feedback was that staff had developed positive relationships with the person.

People's individual choices and decisions were respected and people were treated with respect and dignity. Staff had a good knowledge of the individual's needs and preferences. They supported the person to make choices in their daily life and to undertake their preferred activities.

Systems were in place for people to be consulted about the home and staff felt there was a good culture.

Summary of findings

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 were supported by enough staff who were correctly recruited.

People were supported to live their lives as they chose whilst being protected from harm.

People were supported with their medication needs.

Good



Is the service effective?

The service was not always effective.

People were supported with their rights by staff who received training for this.

People were supported with their dietary and health needs, although paperwork required improvement.

Requires Improvement



Is the service caring?

The service was caring.

People were supported by staff who respected them.

Staff were caring and polite, they knew the person and respected their wishes.

Good



Is the service responsive?

The service was responsive

Staff knew the person well and had developed good relationships.

Care was person centred and designed around the needs of the individual.

Systems were in place to support people to raise any concerns.

Good



Is the service well-led?

The service was not always well led.

People were not fully protected . Quality assurance systems and records in the home required improvement to ensure they were useful and accurate documents used in the meeting of people's needs.

Systems were in place to consult people and staff felt there was a good culture in the home.

Requires Improvement



Foxglove Care – 14 Church 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.

This inspection took place on 4 December and was announced and was conducted by one inspector.

Prior to the inspection we reviewed information we held about the service which included notifications from the service. The service had not been requested to complete a

provider information return (PIR). This document recorded information about the service. We also consulted with local commissioning and safeguarding teams. After the inspection we contacted one relative and one professional for feedback about this service.

At the visit we spent time sat in communal areas of the home, observed daily practice and spoke briefly with the person living in the home. We also consulted with other professionals, reviewed files for the one person who lived in the home, reviewed five staff files and other records for the home.

We also spoke with the two staff on duty the day of the visit and the manager. After our visit we also spoke with a relative.

Is the service safe?

Our findings

The person living in the home would be supported with any safeguarding issues, for example if an allegation of harm was raised. This was because staff had information about this which included a copy of the local authority's policy on safeguarding people from harm alongside the organisations own policy.

The staff training record and evidence in staff files recorded that staff had undertaken courses on the protection of vulnerable adults (POVA). When we spoke with staff they had a good knowledge on how to raise any concerns of potential harm. This meant the staff were provided with systems to help them support people and to protect people from harm. A relative told us they felt their relative was safe living in the home.

Due to the persons individual preferences they did not discuss with us if they felt safe in the home. However, we observed the person appeared relaxed and comfortable with staff and in their home.

The person living in the home was supported with any risks in their lives. For example, the risk of trips or falls. This was because risk assessments were undertaken. Staff were aware of the needs of the individual and the systems in place to help them keep safe. They knew how to communicate with the individual and also how to allow them their own personal space when they wished this. They knew some of the things which upset the person and how to support them to manage this. This meant that the person had support to help them keep safe.

The manager told us there was a policy of minimal restraint within the organisation but restraint was not used in the home. Staff had been trained across the organisation in, and there was a physical intervention policy in place should this need ever occur. This included information for staff on how to respond to and report on any incidence of physical aggression. The policy stated that restraint was 'To be avoided whenever possible'. One staff member confirmed they classed minimal restraint as actions required for people to be kept safe. For example, physically directing a person if they were in danger when crossing a road.

Staff files held documents which showed checks were undertaken to ensure people were suitable for the role, prior to being employed. This included an application form

which recorded the person's skills and experience. There were records to show that the provider had checked and clarified any gaps in this information. Additionally there was evidence that a Criminal Records Bureau (CRB) check had been completed before the applicant started working at the service. This is now known as a Disclosure and Barring (DBS) check. This provided evidence as to whether the potential employee held a criminal conviction which would prevent them from working with vulnerable people. The provider had a system in place for risk assessing any information they may receive in relation to these checks. For confidentiality this would be kept separate to the person's main file. This system helped to make sure that people were suitable to work with vulnerable adults.

We also saw that references were taken up to confirm that the person was suitable within the role. This helped to confirm the person had the relevant qualifications and experience.

There was an employee handbook which included details of the staff disciplinary, grievance and whistleblowing policy. This helped staff to be aware of policies and procedures to handle any concerns.

The manager also told us that one of the things which made the home outstanding was the staffing levels and how these were person centred and individual to any person who used the service. One staff member told us they had no concerns with staffing and they felt the home was "Overstaffed." One relative told us how they felt there were enough staff in the home.

The manager told us how staffing levels were based upon the needs of the individual person. This was because they were decided and agreed as part of the persons' contract for support before they moved into the home. The person's relative told us how they felt there were enough staff in the home. We saw that there was a minimum of one member of staff on duty 24 hours a day. At times two staff would be on duty to offer additional support for activities, for example, going out into the local community. There were also hours allocated to the management of the service to help ensure continuity with this. This meant that the support hours provided matched those required to meet the person's needs.

People living in the home were supported with any medication needs. Staff had access to a variety of policies

Is the service safe?

to help make sure they knew how to handle medication safely. These included for example, the actions to take should a medication error occur. Some of these required review.

Any medication would be stored securely and temperatures of the storage areas were taken daily to help ensure medication was kept at the correct temperature. This meant that the medication would work effectively.

We saw that individual records were kept for any medication people were prescribed. This helped to make sure staff were aware of people's individual needs. Records were kept for when medication was administered or disposed of.

The provider informed us there were PRN protocols in place which had been prepared by the community nurse. This provided information for staff on the correct use of the medications.

When people no longer required a medication there were systems in place for their safe return. This included the safe return of medication to the pharmacist.

Although there were no medications described as controlled drugs, the manager was aware of the need for separate systems for storing and handling these medications.

A record of the signatures of staff authorised to administer medication was kept within the home. This meant that it could be clearly recognised who had administered a medication at a certain time.

Additionally certificates were in place to confirm staff had attended medication training. This helped to make sure the person was supported by appropriately trained staff.

We did not review the environment as part of this inspection. However, we noted the home was clean and warm. There were comfortable communal areas for people to sit and private bedrooms. We found that maintenance checks to help keep the home safe had been undertaken. Although some of the records, for example of work which had been undertaken required improvement.

Is the service effective?

Our findings

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected. The manager told that the person who lived in the home was supported with this legislation. When we talked to staff they told us they had completed MCA training and they reflected an understanding of the MCA and best interest meetings.

Staff files included evidence that they had completed an induction when they first started to work in the home. This helped them to understand their role and some of the main policies of the home.

We also saw that staff supervisions were scheduled throughout the year. However, records of this varied between staff members. Two staff records identified regular supervision sessions throughout the year but two staff did not. One staff member told us they felt well supported in the home. The manager told us in feedback that team leaders and managers also work alongside of staff providing informal supervision and support.

Staff told us and training records confirmed that staff had undertaken a variety of courses. This included Health and Safety, First Aid, Fire Safety, epilepsy management and food hygiene. Three staff had completed values training and two had completed training on Makaton. This is a form of sign language which some people use to help with communication. This meant people were supported by a staff team with a variety of training and skills.

The manager told us they did not currently hold information on best practice. **We recommend** that the provider considers latest best practice information when meeting people's needs.

The person living in the home had support to have their health needs met. Their files included personal information to help support them with their health. This included a health action file. This file included information about any support the person received with their health. However, there were some gaps in these records and some updating was required. For example, although staff were aware of the latest contact details of a health professional who supported the person, the person's records still identified the previous details for this professional. The person's relative told us they felt that the person's health needs were met in the home. A professional told us they found the staff helpful when undertaking work in order to meet the person's health needs. They said staff were willing to work to make changes to help make sure the person's health needs were met.

The person's file also included a patient passport. A patient passport is a document a person can take with them if they are admitted to hospital. It includes basic details of the person to assist new staff in meeting their needs. The patient passport held within the home was dated 2013 and still recorded the details of a previous health professional and had not been updated. This increased the risk of incorrect information being shared.

The manager told us that there were no menus used within the home. The person living in the home was supported by staff to shop weekly for their groceries. They would then on a daily basis decide what they wanted to eat. We observed staff offering these choices to the individual; staff were supportive and respectful with the person. Lunchtime was a relaxed and homely experience for the person.

Records were kept of the meals taken each day. The manager informed us a new health plan was being developed.

Is the service caring?

Our findings

We were not able to ask the person who lived in the home their opinion of the staff team. This was because of their individual communication needs. However, we did speak with a relative and a professional involved in their care. The relative told us they were happy with the staff and trusted the staff team. They confirmed they felt the staff team were caring and told us the staff were “Lovely”, do a “Fantastic job” and “Everyone there genuinely cares.” A professional told us that staff had a caring attitude and that staff provided person centred care.

We also observed some of the interactions between the person living in the home and the staff team. These were positive and appropriate. Staff encouraged the person to make decisions and choices, promoting their independence. This included supporting the person to make their own drinks.

The person’s relative told us how staff had built relationships with the person and encouraged them. This

had helped the person to become more confident with decision making and they were now making more choices in their life. They added how the person was becoming more independent.

Staff told us how they respected the individual and the choices they made. Also how they ensured they maintained the persons privacy when completing personal care and also asked before entering their bedroom.

We saw that daily records were kept regarding the individual. These included what the person had done each day and what they had eaten. We found these were written appropriately, were clear, concise and signed.

A pen picture was available on the wall of the lounge of the home. A pen picture summaries the person their needs, likes and dislikes. It provides information for staff. Adjacent to this were pen pictures for the staff team. This meant having a pen picture was everyday practice within the home, respecting the individual.

Is the service responsive?

Our findings

The person's relative told us how staff had got to know their relative and how they were meeting the person's needs. Staff had a good knowledge of the individuals' needs; they were able to tell us about these and were clear on the individual's communication, and their likes and dislikes. This meant staff were knowledgeable when supporting the person and respecting their preferences.

People's information was recorded through a care planning process. This helped to identify and record their individual needs and made this information available to staff who were supporting them. People's needs were assessed before they moved into the home so that staff could have an awareness of the person's needs. This helped to make sure the home was suitable for the person. Care plan information included what was helpful and what was unhelpful and what was important to the person. Care plans were specific to the individual and their needs. They included evidence of assessments and different support the person required to live their life. The person's relative told us how they were involved in reviews and meetings about the person's needs. One professional told us how the person had been involved for part of a meeting and that this had been their choice.

We saw that the individual person was able to choose how to spend their time in their home. Staff offered support and encouraged choices whilst respecting the individual. Throughout our visit the person chose to undertake different activities. Activities they participated in included watching movies, completing jigsaws and going out for walks.

The person's relative had visited them regularly and it was clear through conversation they had a close relationship. The relative told us how staff involved them in the person's life and kept them up to date. This helped to maintain their relationship with the individual.

There was a complaints procedure held within the home which included an easy read version. This meant that if necessary the individual could easily access information on how to complain. The manager confirmed that no complaints had been received regarding the home. Staff told us how they understood the individual and would know when they wanted to complain about something. The person's relative told us how communication had improved within the home. They were confident on how to raise any concerns and that these would be listened to.

Is the service well-led?

Our findings

There was not a registered manager in place at the time of the visit. The manager was registered with CQC for another service and had only commenced working in the home a few weeks prior to this visit. They told us how they had undertaken work to help make sure the correct systems were in place in the home. They acknowledged and were aware that some systems still required improvement. Staff told us they felt the manager was “Brill” and a relative told us how the new manager was good at monitoring and reviewing the service. When we spoke with staff about the culture of the home they told us they felt there was a good team in the home.

We saw a staff consultation exercise had been completed, which included the outcome and any required actions. However, this was not dated so it was unclear when this consultation had taken place.

We also saw there was a system for seeking the opinions of people involved with the home. This included relatives, people who used the service and health and social care professionals. These were dated 2013 and the manager confirmed in feedback that these were due to be re-sent in December 2014.

We saw that staff meetings had taken place in January and August of this year. Minutes of these meetings recorded that the roles and responsibilities of staff and health and safety issues were discussed in these meetings. This helped to make sure that staff were consulted on any changes in the home and were clear on their individual roles when supporting people.

There was a quality assurance folder held in the home. This included information on some of the systems in use. For example, the complaints procedure and risk assessments.

There were records held for cleaning within the home but these were sometimes duplicated and not always signed. This meant there were not always clear records of when different parts of the home had been cleaned. The manager could not be certain that the necessary tasks had been completed.

There was a Health and Safety audit undertaken of the home in November 2014 and this included actions and dates by which these actions were required to be

completed. For example, labelling of open products in the fridge. However, some of these dates had passed and there was no evidence whether staff had completed the required actions within the required timescale.

We also saw records relating to the maintenance of the home. These included dates of when repairs were reported but the dates for this were not always recorded. However, dates were recorded for when the work had been completed. Recording when repairs were first required would provide a guide for staff to be able to monitor and follow up any queries regarding this.

Records of hot water checks were also kept in the home. These helped to make sure that hot water remained at a safe temperature and any fluctuations could be quickly identified and rectified to help prevent harm occurring.

Records were also kept of the food temperature once cooked. This helped to make sure the meal was suitable and safe to eat. However, there were gaps in these records.

Records were kept of any accidents or incidents within the home. The details recorded included dates and times and when necessary explanations. However, there were no details of any follow up actions taken or any review of this. This meant there was no analysis of the incidents to see if change was needed to reduce the risk of the incident happening again. This meant there was no evidence the service was learning from past incidents or events.

Overall the quality assurance system required improvement to ensure it was effective. Systems were not robust and required improvement to ensure people were consulted and appropriate actions were taken to improve the service. This is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010. You can see what action we told the provider to take at the back of the full version of this report.

There were policy folders held within the home this included a ‘new policy folder’ and a ‘new policy folder for staff’. Both of these included different policies and procedures to help support staff in their roles. For example, an infection control policy, an absence policy and a policy for agency workers. Again not all of these policies were signed, dated or reviewed.

Records throughout the home required improvement. For example, medication policies and records, individual care plans and health records, cleaning and maintenance

Is the service well-led?

records. This meant there was the potential for the individuals need to not to be met. This is a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010. You can see what action we told the provider to take at the back of the full version of this report.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

People living in the service were not protected against the risk of unsafe or inappropriate care by effective quality assurance systems.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

People living in the service were not protected against the risk of unsafe or inappropriate care and treatment due to a lack of record keeping in the home.