

Foxglove Care Limited

Foxglove Care Limited - 32 Rivelin Park

Inspection report

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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

Foxglove Care Limited - 32 Rivelin Park is a residential care home for up to two younger adults with learning disabilities and/or autism. It is situated in one of the Kingswood housing developments to the north of Kingston Upon Hull. The house is a three-storey property with a utility room, a small cloak/toilet and a small office on the ground floor. There is a lounge and a dining room on the first floor, and two single bedrooms (one with ensuite shower and toilet) and a bathroom on the second floor. There is a garden to the rear of the house.

At the last inspection, the service was rated Good. At this announced inspection on 17 May 2017 we found the service remained Good.

There was a registered manager employed at the service.

There were safeguarding procedures in place. Staff were knowledgeable about what action they should take if abuse was suspected. The local authority informed us there were no on-going matters regarding the service.

Medicines were managed safely.

Recruitment checks were robust. There were sufficient numbers of staff deployed to meet people's needs. Records confirmed that training was available to ensure staff were suitably skilled. Staff were supported through supervision.

People's nutritional needs were met and they were supported to access healthcare services when required.

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.

We observed positive interactions between staff and people who lived at the service. Staff promoted people's privacy and dignity. There were systems in place to ensure people were involved in their care and support.

Personalised care plans were in place for people. Arrangements for social activities met people's individual needs.

There was a complaints procedure in place. No complaints had been received since our last inspection.

There was an effective quality assurance system. Audits and checks were carried out to monitor all aspects of the service. Action plans were developed to highlight any areas which required improvement. Staff were positive about working for the provider and the registered manager. They said they felt valued and enjoyed

working at the service.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

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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 comprehensive inspection took place on 17 May 2017 and was announced. The registered provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Prior to our inspection, we checked all the information which we had received about the service including notifications which the registered provider had sent us. Statutory notifications are notifications of events that occur within the service, which enable the Commission to monitor any areas of concern. The registered manager completed a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make. All of this information assisted us in planning the inspection.

On the day of our inspection, we spoke with two people who lived at the home, the registered manager, a senior care worker and a care worker. We examined two people's care plans and checked two staff recruitment and training records. We reviewed records relating to the management of the service such as audits and maintenance and servicing records.

We consulted with a member of staff from a local authority contracts officer in advance of our inspection and they told us they had no concerns about the service.

Is the service safe?

Our findings

People told us they felt safe. One person told us, " Yes, I feel safe here" and we observed that there were plans in place which staff followed in order to maintain people's safety either for individuals or the environment.

There were safeguarding procedures in place and staff were knowledgeable about what action they should take if abuse was suspected. The local authority safeguarding team informed us there were no safeguarding concerns for this service.

Risk assessments were in place which had been identified through the assessment and support planning process. We noted that risk assessments had been completed for each person for a range of areas such as use of kitchen equipment, out in the community and behaviour. This meant that risks were minimised and action was taken to help keep people safe. One person preferred going shopping alone but this was a risk and so staff maintained a secure presence but from a distance. Accidents and incidents were monitored and analysed. Action was taken if concerns were identified. Staff had been trained in non-abusive physical and psychological interventions to deal with any behaviour that may be challenging.

Health and safety risk assessments had also been completed to ensure people's safety and wellbeing. The building was well maintained. We saw that regular checks and servicing of equipment had been carried out as well as safety checks of gas, water and electrical equipment. This ensured the building and equipment was safe.

There was a safe system in place for the management of medicines. We observed medicines being administered safely and in line with the provider's medicines procedures. Medicines administration records were completed accurately. Instructions for 'when required' medicines were written in an easy to follow format. Medicine audits had been completed which identified any areas and actions for improvement.

We checked staffing levels at the service and found there were sufficient numbers of staff available to meet people's needs. We observed that staff carried out their duties in a calm unhurried manner and had time to provide emotional support. Staff recruitment procedures were robust. These were thorough and showed that checks had been carried out to confirm applicants were suitable to work with vulnerable people.

Is the service effective?

Our findings

People told us that staff effectively met their needs. One person told us, "The staff are alright with me. They know what they're doing" and another person said, "I enjoy living here. The staff know what they are doing."

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked the provider and registered manager were continuing to work within the principles of the MCA. We found that they were. The manager had completed DoLS applications in line with legal requirements.

Staff were following the principles of the MCA. Mental capacity assessments had been completed for specific decisions and best interest decisions had been made following consultation with health and social care professionals and families in relation to deprivation of people's liberty. Staff sought people's consent before carrying out any care or support.

Staff informed us that they felt equipped to carry out their roles and said there was sufficient training available. Records showed they had completed training in safeguarding, health and safety and other key topics related to the needs of people who lived at the service, such as learning disability and epilepsy awareness. Staff received support to understand their roles and responsibilities through regular supervision.

People were supported to receive a healthy and nutritious diet. People chose what they wanted to eat and went shopping for food. One care worker told us, "[Name of person] gets fresh fruit and vegetables off her [relatives] allotment." People cooked their meals with staff support to ensure people's safety and to monitor what people were eating and drinking. One person told us, "We take it in turns to cook. I sometimes go out for a sandwich and a drink."

People told us and records confirmed that staff supported people to access healthcare services. Records demonstrated that people saw the GP, specialist consultants, opticians and chiropodists. Each person also had a hospital passport. These contained details of medical and personal information. This document could then be taken to hospital if people needed care in this setting, to ensure that all professionals were aware of the individual's needs. One person told us, "I went to the opticians yesterday and I chose my glasses."

Is the service caring?

Our findings

People told us that staff were caring. One person said, "It's a nice place and I like the staff" and a second person said, "I enjoy living here." We saw that staff displayed warmth and humanity when interacting with people.

We observed many positive interactions during the inspection, not only between care workers and people, but also other members of the staff team. Our observations led us to the conclusion that staff cared about the people who used the service and each other. We observed one conversation between a person and a care worker where they were laughing and chatting. There was a good rapport between staff and people.

We found the care planning process centred on individuals and their views and preferences. One person's care plan stated, "I do not like physical contact." We saw that this was respected by staff.

Staff treated people with dignity and respect. They spoke with people in a respectful manner. People were asked if they wished to speak with us and if we could visit their bedrooms. Both of the people who used the service had family members to support them and they did not currently need advocacy services.

People told us that they were involved in decisions about their care and we saw that professionals and families had been consulted about decisions too. People had signed their care records, where able to do so, to indicate that they agreed with their plan of care. One person had written their own agreements around the use of social media therefore managing their own behaviours and allowing them to be independent.

The service had a newsletter. Each house took turns in writing an article and when it was the turn of this service people wrote their own. We saw that a one page profile had been completed for each of the cats who were an integral part of the house and looked upon fondly by people who used the service.

There was a noticeboard where we saw general information about the service and how people could complain displayed. Staff signed a confidentiality agreement when they started working at the service to protect people's private information.

Is the service responsive?

Our findings

People and relatives told us that staff were responsive to people's needs. Each person was provided with one to one hours so that they were supported appropriately. People told us about the way in which they lived their lives that demonstrated the individualised care they received. For example one person said, "I go to work [voluntary work]; I like the gym and I go out to get my hair cut." A second person told us, "I feed and stroke the cats. I go to my [relative's] every Tuesday and Thursday."

We read people's care plans and noted these were detailed and person-centred. This is when treatment or care takes into account people's individual needs and preferences. Each person had a care plan for every aspect of their lives, including their personal care, social needs and physical health. These gave staff specific information about how people's needs were to be met. The care plans were written in the first person under the headings 'What people like and admire about me', 'What is important to me' and 'How to support me'. We read that one person did not like physical contact. This meant information was available to ensure staff was aware of any factors which may affect people's wellbeing.

People had named key workers who reviewed their care plans. In addition, more formal reviews were held with the person's social worker and their family. This meant there were systems in place to ensure that care and treatment continued to meet people's needs.

People told us about the activities they attended. One person said, "I like the Red disco (a disco arranged by Hull University)." They told us they had been to an arts and crafts day organised by the company which they had enjoyed. When the member of staff told them there was to be another day arranged they showed their pleasure by rubbing their hands excitedly. A second person said they had attended a weight loss group which had been supported by staff. This had led to them attending the gym and going swimming. People's activities were dictated by their own preferences and choices.

There was a complaints procedure in place. We saw that complaint forms were available to complete in written and pictorial format so that people could understand them and express themselves. No complaints had been received since our last inspection. The local authority contracting unit had no concerns about the service.

Is the service well-led?

Our findings

Foxglove Care Limited - 32 Rivelin Park is one of eight services run by the registered provider Foxglove Care Limited. The registered provider has a good history of compliance. A registered manager was in post at the time of our inspection. She had been registered with the Care Quality Commission (CQC) since July 2016. 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.

People with whom we spoke were positive about the service. One person said, "The staff support me and I like living here."

Our observations and findings on the day of our inspection confirmed that there was an effective quality monitoring system in place. Audits had been completed and actions for improvement identified.

Communication systems at the home were effective. House meetings for both staff and people who used the service were held regularly and staff informed us that they could raise any issues and their views would be taken into account. People were able to contribute to the running of the service. Handover meetings were also carried out at the beginning of each staff changeover to ensure consistent and safe care was provided. These were recorded to show that daily checks had been completed, money counted, any appointments for people had been identified and health and safety checks had been completed.

Staff told us that they enjoyed working at the service and morale was good. One staff member said, "I enjoy working here."

The provider was meeting the conditions of their registration. They submitted notifications in a timely manner. The submission of notifications is a legal requirement.

The provider was displaying their previous CQC performance ratings at the service. The company website was under construction but the general manager told us that ratings would be displayed on the home page when the web site was completed.