

Housing & Care 21

Housing & Care 21- Foxfields

Inspection report

33 Latchet Lane
Upton
Northampton
Northamptonshire
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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

Foxfield's was registered with the Care Quality Commission in October 2017 and this was the first inspection of the service.

The inspection took place on 16 October 2018 and was unannounced.

Housing & Care 21- Foxfield's is registered to provide personal care 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 rented or purchased on a shared ownership scheme, 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 only looked at people's personal care service. Housing and Care 21 – Foxfield's also provide an on-call emergency service to everyone living in the building under a separate arrangement which people pay for as part of the service charge for the shared premises.

Foxfield's has 77 apartments. People living at Foxfield's share on-site facilities such as lifts, lounge, restaurant, laundry and a garden. People who need support with personal care are free to choose Foxfield's or any other domiciliary care service as their provider. At the time of this inspection, Foxfield's supported 49 people with personal care.

The service did not always notify the Care Quality Commission (CQC) of certain events and incidents, as required. We found some safeguarding alerts had been raised by the service to the local authority, but they had not been sent to CQC as required.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received varying levels of personal care and support depending on their needs. Some people only required wellbeing checks or minimal assistance with personal care. Others required assistance with administration of medication, continence care, showering/bathing, nutritional support and with mobility.

People felt safe living at Foxfield's and with the staff that visited them. People were protected from the risk of harm. Staff had been trained in safeguarding people and understood how to report any concerns of abuse. Risks to people's safety were assessed to ensure preventative action was taken to reduce the risk of harm to people.

People were supported with their medicines in a safe way. People's nutritional needs were met, and they

were supported with their health care needs when required. The service worked with other organisations to ensure that people received coordinated care and support.

People were protected by safe recruitment procedures to ensure staff were suitable to work in care services. There were enough staff to meet people's needs. Staff received training for their role and ongoing support and supervision to work effectively.

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. The registered manager and staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and gained people's consent before providing their care and support.

People were involved all aspects of their care. People's care plans gave information available about people's preferences, daily routines and diverse cultural needs. Staff had a good understanding of people's needs and preferences and worked flexibly to ensure they were met.

People and their relatives were happy with staff who provided their personal care and had developed positive trusting relationships. People were treated with dignity and respect, and their rights to privacy were upheld.

People, relatives and staff were encouraged to provide feedback about the service they all spoke positively about the staff team and how the service was managed.

The registered manager and staff team were committed to following the vision and values of the service in providing good quality care. Quality assurance systems were used to monitor and assess the quality of the service to drive continuous improvement. The registered manager worked in partnership with other agencies to meet people's needs.

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.

Staff were recruited safely and sufficient staff were employed to provide people with the care and support they needed.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

Medicines were managed safely and accident and incidents were responded to appropriately and lessons were learnt to mitigate the risks of further incidents.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed, to ensure they received the care and support they needed. People were supported to maintain their nutrition, health and well-being where required.

People received support from a staff team that had the necessary training, skills and knowledge. Systems were in place to provide staff with on-going support.

People made daily choices and decisions. Staff sought people's consent and understood people's rights. Capacity assessments were used to identify the level of support people needed to make decisions.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff that were caring, friendly and kind. People were supported to make decisions about how they wanted their care and support provided.

People were treated with dignity and respect, and staff ensured their privacy was maintained and their views about the service were sought to review the service and drive improvements.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed. The care plans were person centred and provided staff with clear guidance on how people wanted their care and support to be delivered. Staff respected people's diverse cultural needs, wishes and views.

Systems were in place to respond to any complaints. People were confident that any concerns raised would be dealt with appropriately.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

CQC were not always notified about certain events.

The registered manager provided strong leadership and the staff team worked together to provide high quality care.

Quality assurance system were used to continually monitor all aspects of the service.

Housing & Care 21- Foxfields

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 16 October 2018 and was carried out by two inspectors.

Before the inspection, we reviewed the information we held about the service. This included notifications we had received from the provider. A notification is information about important events that the registered provider is legally required to send us, for example if someone using the service sustains a serious injury. We also spoke with the local authority contracts and safeguarding teams.

We used information the provider sent us in the Provider Information Return to help us form our judgements of the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with eight people using the service and three relatives. We spoke with four care staff, three senior staff and the registered manager.

We reviewed the care records in relation to seven people using the service, four staff recruitment files and records of staff training. We also reviewed records in relation to the providers oversight and quality monitoring of the service such as, quality audits, team meeting minutes, environmental risk assessments, complaints, compliments and the providers policies and procedures.

Is the service safe?

Our findings

People told us they felt safe with the support they received. One person said, "When I press my buzzer at night staff come to me quickly." Another person said, "I feel safe and well looked after." We saw that all the staff had received training in safeguarding. Staff could tell us the types of concerns they would raise. All those staff we spoke with felt confident that the provider would take immediate action with any concerns. One staff member said, "I know who to report any safeguarding to and know what to do if they didn't listen; that said I have no concerns that they wouldn't take the right action, all the senior staff and the manager [registered] are brilliant."

Risks to people's safety were assessed and closely monitored. One person said, "I am a diabetic and it is written in my folder [care plan] what staff need to do if I become poorly." We saw that people's risk assessments identified any specific risk to people's mobility, health and well-being and how people's care and support needed to be provided to minimise the risks to an acceptable level. The assessments covered risks, such as, falls, moving and handling, malnutrition and pressure area care.

Records showed the risk assessments were regularly reviewed and when people's needs changed their care and support was altered to accommodate the changes. The staff confirmed, and records showed they knew the procedure for responding to any accidents or incidents. One member of staff said, "I have called an ambulance on a number of occasions when residents have been unwell, and we always complete accident and incident forms for any incidents." Records showed lessons were learned from incidents that had happened. For example, a concern had been raised regarding the call monitoring system and issues had been identified when two people pressed the lifeline pendant at the same time. The registered manager raised this concern with the company responsible for installing and maintaining the call bell system to ensure this issue was corrected.

Sufficient numbers of suitable staff were available to support people to stay safe and meet their needs. One person said, "Lovely staff, I know all of them and they all know me really well." Staff told us they had enough time to support people with their planned care. One member of staff said, "Of course it can get busy sometimes but there is enough time to support people with what they need; I wouldn't work here if I felt I rushed people all the time because that isn't fair." Another said, "Sometimes we can be pushed for time if we take new people into the step-down flats but generally we have enough time and enough staff." People that required two staff to provide their care said that two staff always attended their calls.

The registered manager protected people from being cared for by unsuitable staff, through carrying out appropriate staff recruitment checks. These included Disclosure and Barring Service (DBS) checks and obtaining professional and character references.

People received appropriate support to take their medicines. The medicines support plans identified the level of support people required to take their medicines. Staff confirmed, and records showed they received medicines training, which included observations of their practice to ensure they followed the medicines administration procedures. One member of staff said, "They [management] check the medication and this

happens often." Another said, "I have been observed administering medicines, the senior staff go through the medication records every month." The staff knew the procedure for reporting any medication errors to ensure timely medical advice was received. Records showed that medicine audits were carried out regularly. The medicine records viewed at the inspection confirmed that staff documented when people were supported with their medicines in a safe way.

People told us staff protected them from the risk of infection. One person said, "The staff are always clean, tidy and presentable." The staff told us they received training on infection control procedures. One member of staff said, "We wear disposable gloves and aprons and we have hand sanitising gel." Records showed that infection control was assessed during unannounced spot check visits, to ensure staff were following the procedure and using personal protective equipment, such as disposable gloves and aprons when carrying out personal care tasks.

Is the service effective?

Our findings

The care, treatment and support people received promoted a good quality of life. The service received an assessment of people's needs prior to them using the service, and they received support from regular staff that had the right skills to provide their care and support. People using the service and their relatives told us they were fully involved in the pre assessment process prior to taking up the service and their needs and personal choices had been taken into consideration and incorporated into their support plans. A relative said, "We came and had a look around and met some of the staff and [relative] had a choice of apartments to choose from."

People told us that staff understood their needs and had the right knowledge and skills to support them. One person said, "The staff always ask permission before they do anything, even though I tell them they don't need to." All staff confirmed the training they received was very good. They told us the induction training they were provided with covered areas such as, moving and handling, food hygiene, nutrition, first aid, medicines administration and infection control. One member of staff said, "The induction training is good. I have done training on infection control, medication, challenging behaviour, dementia care and pressure area care." The staff training records confirmed staff completed a range of training that was based around current legislation and best practice guidance.

Systems were in place to ensure staff received effective support. All staff commented they felt supported, and the registered manager and senior staff kept in regular contact with them and were always available out of hours. Staff told us they had regular supervision meetings with the senior staff, to discuss their work and any further support or training needed.

People received support to eat and drink enough to maintain a balanced diet and stay healthy. One person said, "The staff always make my lunch for me, I choose from what meals I have in the freezer." Another person told us, "Sometimes I choose to eat in the restaurant, and on them days the staff will help me make a light snack like a sandwich or something on toast." Records showed that people's dietary needs were assessed and any allergies or food intolerances were recorded within their support plans. We saw that where people had religious dietary needs this was also incorporated into their care plan and staff were knowledgeable about how to prepare and cook foods. The staff were knowledgeable of the food and drink likes and dislikes of the people they supported.

People were supported to live healthier lives and were supported to maintain good health. People and their relatives and staff confirmed the staff worked closely with other healthcare professionals. Staff knew the procedure to follow if they found a person needed urgent medical assistance. We saw records of communications with the GP, district nurse, dieticians and occupational therapy services within people's support plans and the advice from the healthcare professionals was incorporated into the support plans and closely followed. One person said, "I see the nurse every day for my injections but if I needed a doctor, the staff would call one for me."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make some 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working with the MCA principles. Assessments of people's needs took account the person's capacity to consent to their care and treatment. The registered manager and staff team understood their responsibility around MCA. People using the service and relatives confirmed that staff sought people's consent, offered choices and respected their decisions. One person said, "I can't always do the things I want to do because my body feels old, but I get choices in everything else and the girls [care staff] always tell me about activities and events that I can go to as well."

Is the service caring?

Our findings

People were treated with kindness and respect, and had developed positive relationships with staff. One person said, "The staff are very kind, I feel like they are family to me." Another person said, "I am very happy with my care, I think I made a good decision to come and live here."

The registered manager understood when people may need additional independent support from an advocate, but at the time of the inspection all people were supported by family members. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

The staff knew people's individual preferences and interests, which showed they understood people well. We saw people's support plans included background information about their wishes and preferences. This helped staff to ensure they provided person centred care that supported and respected people's individual needs. The staff understood the importance of promoting equality and diversity, respecting people's religious beliefs and their personal preferences and choices.

People were treated with dignity and their privacy was respected by staff. One person said, "The staff treat me with respect, they always make sure my curtains are closed when helping me to get washed and dressed." A member of staff said, "It is so important to treat people how you want your own family members to be treated; that's how I always think when I'm helping people."

People's independence was actively encouraged. Staff encouraged people who used the service to be as independent as possible by focussing on what people could do for themselves. One member of staff said, "[Person] likes to have staff around while they have a shower, they don't need a lot of support in the shower but they do with getting dressed. I try and give them as much privacy and independence as possible to shower and respect their personal space but be available if they want my help."

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff and people who used the service showed us the service was pro-active in promoting people's rights.

People were supported to maintain relationships with their families and friends. Relatives told us they were always made to feel welcome and could visit any time. They said staff kept them informed about people's welfare and they were involved in reviews and other meetings as appropriate.

We saw people's confidential information was stored securely in locked cupboards in the service's offices which were also kept locked when not in use. This showed the service treated people's private and personal information with respect.

Is the service responsive?

Our findings

People's care plans reflected their physical, mental, emotional and social needs, including their personal history, individual preferences, interests and aspirations, and they were understood by staff. Staff confirmed they had access to people's care plans and information about the level of support people required. They said they had time to familiarise themselves with people's individual needs before providing their care and support. Staff also confirmed that people's changing needs were communicated well to them. One member of staff said, "People's needs can change quite quickly but we are always made aware of them." All the staff said as people's needs changed they were informed by the registered manager of the changes immediately.

The service also supported people in 'step down' flats upon discharge from hospital. The registered manager told us that it was not always possible to visit the person and complete a full assessment of people's needs before they came to stay at the service. A process was in place where another health professional completed the assessment and the registered manager made a judgement upon the assessment paperwork whether they could meet the needs of the person. The registered manager told us that this situation was not ideal and they were looking to make changes in the part of the assessment process. The registered manager told us about assessments they had received where a decision was made they the service was not able to meet the person's needs and the care package was not accepted because it was felt they couldn't support the person effectively.

The staff said they had time to spend with the people they supported. One person said, "They [staff] always take the time to have a chat, make sure I have everything before they go, they are good like that." One member of staff said, "It doesn't matter how busy a day gets; we always make sure we spend time with people."

The support plans included information about people's communication needs and what type of support people needed to communicate effectively. For example, people with hearing and sight loss, people with limited speech and people with dementia that needed staff to give time and space to communicate with them. In discussions with the staff it was evident they knew how each person they cared for communicated their needs. This demonstrated the registered manager was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People were encouraged to participate in activities within the Foxfield's complex as well as in the wider community, according to their wishes and interests. People told us about indoor games, events and social outings that they had enjoyed which had improved their mental wellbeing.

The provider had a complaints procedure in place. No complaints had been made but the system in place allowed for complaints to be recorded along with the outcome of the investigation and action taken. The people and relatives we spoke with confirmed they understood how to make a complaint, but had not

required to do so.

No end of life care was being delivered by the service, but people's decisions, and that of their family, could be recorded within their care plans to document any wishes and preferences in this area.

Is the service well-led?

Our findings

The service did not always notify the Care Quality Commission (CQC) of certain events and incidents, as required. A statutory notification provides information about important events which the provider is required to send us by law. Providers are required to send us information about any abuse or allegation of abuse that is made. We found multiple safeguarding alerts had been raised by the service to the local authority, after medication errors had been discovered, but they had not been sent in to the CQC to notify us. We discussed this with the registered manager who told us that in future, all safeguarding alerts that the management raise, will be forwarded to the CQC.

There was a clear vision and culture that was shared by the provider, registered manager and staff. The culture was person centred and staff knew how to empower people to achieve the best outcomes. A staff member told us, "The office door is always open. The registered manager and senior staff are very approachable." Another staff member said, "The communication within the team is very good. I am confident in the management of the service." During our inspection, it was clear that the registered manager was confident about implementing positive changes in the service, and was taking responsibility to ensure the staff team felt good about their roles, and could provide positive support to people. Staff held meetings where updates on the service were discussed, along with updates on the people being supported. The staff we spoke with felt this was a good opportunity to raise ideas and concerns if necessary.

People said the registered manager and deputy manager engaged and involved people and relatives in all decision making. We saw people had completed quality assurance surveys and the feedback received was very positive. The registered manager was open and transparent in sharing information and communicating with people, relatives and relevant others.

Audits were completed, which were effective in identifying issues and ensured they were resolved. These included checks on infection control, care plans, medicines, call pendants and internal/external environmental checks. Checks were completed by the management team and the provider. We saw if any shortfalls in the service were found, action had been taken to address any issues. The provider also looked at themes and trends to see if changes in procedures or work patterns were required.

People's views about the service were sought and acted upon. For example, people were asked to complete an annual survey. Regular tenant meetings were held to seek people's views and discuss/address any concerns. We saw people were kept informed about news, events and changes within the service with the publication of a newsletter.

The provider had arrangements for keeping up to date with best practice and looking at ways to improve their services at a local and national level. They had introduced a recognition scheme for when a member of staff had gone beyond expectations in their role. Staff were nominated for 'carer of the month' and staff told us this had had a positive impact on their work.

The provider was awarded the Gold standard in Investors in People (IIP). This is an award by a community

interest company that recognises providers who strive for excellent leadership and develop employees to reach their full potential.