Foxglove Care Limited

Foxglove Care Limited - 14 Church Road

Inspection report

14 Church Road
Wawne
Hull
North Humberside
HU7 5XJ

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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

14 Church Road is a bungalow in the residential area of Wawne on the outskirts of the city of Hull. It has two bedrooms, a lounge, a dining area and a kitchen. It provides a service to a maximum of 2 younger adults with autism or learning disability.

At the last inspection on 11 August 2015, the service was rated Good.

At this inspection we found the service remained Good.

People were supported by staff who understood the importance of protecting them from harm. Staff had received training in how to identify abuse and report this to the appropriate authorities.

Staff who had been recruited safely were provided in enough numbers to meet the needs of the people who used the service.

People were provided with wholesome and nutritionally balanced diet which was of their choosing.

Staff were provided with training in how to meet people's needs and were supported to gain further qualifications.

People were supported to access health care professionals when needed.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff had a good understanding of people's needs and were kind and caring. They understood the importance of respecting people's dignity and upholding their right to privacy.

People were supported to enjoy a wide range of activities of their choosing that included individual group and holiday events.

People received care which was tailored to their individual needs.

People who used the service, and those who had an interest in their welfare and wellbeing, were asked for their views about how the service was run.

Regular audits were carried out to ensure the service was safe and well run and quality assurance meant the service was evaluated and improved for people.

Further information is in the detailed findings below.

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 was planned to check whether the registered 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 1 March 2017 and was announced. The inspection was completed by one adult social care inspector. The provider was given notice on the day prior to our arrival because the location is a small care home for younger adults who are often out during the day; we needed to be sure someone would be in.

Before this inspection we reviewed the information we held about the service, which included notifications we had received from the registered provider.

The local authority safeguarding and quality teams were contacted as part of the inspection.

During the inspection we spent time in a communal area of the home observing interactions between people who used the service and staff and we spoke briefly with two people using the service. We also spoke with the registered manager and two care staff. We reviewed files for two people living in the home, reviewed recruitment files and training records for three staff and looked at various other records relating to the management of the service.

We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

After the inspection we spoke with two relatives of people living at the home and two care workers

employed by the registered provider who were involved in providing people at the home with care and support.

Good

Is the service safe?

Our findings

Relatives of people who used the service told us they were happy with the safe care and support provided. Comments included, "The service is very safe, care workers are open, honest and responsive and we would know from [person's name] body language and behaviour if they were unhappy or had concerns about their treatment.", and, "We trust the care workers, they are kind to [person's name] and although it is early days they have settled in very well without any problems."

Systems and processes were in place to keep people safe from avoidable harm and abuse. Care workers had received training in safeguarding adults from abuse and they were able to discuss the signs that could be presented when someone may be subjected to harm and abuse. Although no safeguarding concerns had been received staff could describe to us the actions they would take in the event of any concern. Comments included, "You can tell from people's behaviour and moods if they are not happy, if I had any concerns about possible harm or abuse I would report it to my line manager.", "I would report it straight away, they need us to protect them" and "I would go to the manager and to outside agencies if they didn't do anything, it's our duty to protect people from harm." The registered manager showed us an information file that included a safeguarding policy and procedure and information on how to escalate any concerns to the local authority where further investigation or advice was required.

Records we looked at in people's care plans included information that helped care workers provide people with safe care and support without unnecessary restrictions in place. Risk assessments had been completed which were updated on a regular basis or when the person's needs changed, for example, following an illness or health review. The risk assessments covered areas of daily life which the person may need support with, for example, personal hygiene, mobility, seizures and behaviours which may challenge the service and place the person and others at risk. These risk assessments were detailed and instructed care workers in how to keep the person safe. However we found some information was duplicated in various formats. The registered manager told us they were updating the records and replacing the information with a new easier to read format. They told us the previous information would then be removed once the process had been completed.

During our inspection we saw there were sufficient care workers on duty to meet with people's individual care and support needs and to spend individual time with people to help them with day to day activities and events. The registered manager showed us a staff rota template. This confirmed that care workers had been allocated based around people's needs. Information included reference to appointments and home visits for people and staffing was adjusted accordingly. Care workers told us there were enough care workers on duty so they could spend time with the people who used the service. The registered manager said, "We have enough care workers and we have access to regular bank of care workers should the need arise,." They continued, "Due to people's individual needs we do not use agency staff, we need to ensure care workers have the credentials to provide people with safe care and support, appropriate to meet their individual needs." This meant people received safe, consistent care.

The registered provider had systems and processes in place that ensured recruitment processes were robust

and included pre-employment checks that meant people only received their care and support from care workers deemed suitable to work with vulnerable people.

Care workers had received training in the administration and management of people's medicines. Observations on care workers administering medicines had been completed for some care workers and were scheduled for others to assure the registered provider of their competence. Systems were in place that ensured medicines were ordered, stored and administered safely. Suitable arrangements were in place for the safe and secure storage of medicines at the required temperatures and checks were carried out on a daily basis to ensure the manufacturers' guidance was adhered to.

We observed the medicines process for people and saw people who used the service received their medicines as prescribed. Medicines Administration Records (MARs) were used to record when people had taken their prescribed medicines. The MARs we saw had been completed accurately and audits were in place to check records were completed in line with guidance.

Care workers had access to personal protective equipment. The service was clean and tidy and free from offensive odours.

Accidents and incidents were recorded and included details of the event, an outcome and any actions. Forms included the relevant information that helped the registered provider identify any emerging trends and implement corrective actions to prevent re-occurrence and keep people safe. A new form had been implemented for incidents and we saw this did not include information on any resulting actions taken. The registered manager told us the form had just been released and would be updated with the relevant information.

Good

Is the service effective?

Our findings

Relatives confirmed the service effectively met with the care and support needs of people living at the home. They told us, "Care workers are skilled at their jobs; whatever they are doing they seem to do it very well.", and, "Care workers are skilled, they understand [person's name] needs and they support them with relative ease."

Electronic records showed care workers received training which was relevant to their role and equipped them to meet the needs of the people who used the service. Where refresher training was due the registered manager told us this was followed up as a priority. Care workers confirmed they received training on a regular basis, this included health and safety, infection control, food hygiene, moving and handling, safeguarding training and fire training. Care workers were also provided with the opportunity to undertake more specialist training which was relevant to the needs of the people who used the service; this included epilepsy training and how to support people with behaviours which may challenge the service and place the person at risk of harm.

Care workers confirmed they thought the training was good and equipped them to do their job effectively. Comments included, "The training here is excellent and available when we need it." "We have the opportunity to go on further training if we want, the training is brilliant" and "We get regular training and its updated all the time, I think we do safeguarding training every year."

Where care workers were recruited and where they were new to care work or had not completed a minimum level of training, they were required to complete the care certificate as part of their induction process. The care certificate is a set of minimum standards that social care and health workers stick to in their daily working life. During the induction, care workers had their competency assessed and any ongoing support or training was provided. Care workers also received regular supervision and an annual appraisal.

Throughout the inspection we saw care workers gaining people's consent before care and support was provided. 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). We checked and found the service was working within the principles of the MCA. We found where people had been assessed as having a lack of capacity to make important decisions, best interest decision meetings were recorded which were attended by a range of healthcare professionals and other relevant people who had an interest in the person's care and welfare. Where any conditions on authorisations to deprive a person of their liberty had expired the registered manager had submitted applications to the supervisory body for re-assessment and they were awaiting the outcome of these.

People's dietary intake was closely monitored by care workers and healthy eating was promoted. There was a choice at all meal times and drinks and snacks were offered throughout the day. Records showed that health care professionals were involved with people's dietary needs and visits were made when required.

We saw people's care plans contained information about their health needs and how care workers were to support the person to maintain a healthy life style. Previous and current health issues were documented in people's care plans and health care professional were contacted when support was needed, for example, epilepsy nurses and dieticians. People were supported to access their GP when required and regular reviews were undertaken to ensure people remained healthy.

Good

Is the service caring?

Our findings

It was clear from our observations and from talking to relatives that the service was caring and supportive of people's individual needs. A family member said, "Care workers are genuine and really care about [person's name], their needs and are great at communicating with us." A care worker told us, "The people who live here know what they want to do, they can communicate when they are happy, sad or in need of support and it's important we listen to their views and act on their wishes." The registered manager told us, "People are given choices every day, we encourage them to choose what to wear, what activities to do and what to eat."

The registered provider completed an initial assessment of people's care and support needs and this was recorded. A family member told us they had been involved in the initial assessment for their relative. They said, "We were asked for our input and have been invited to reviews, [person's name] is included in the invites but they don't always want to attend so we can provide additional feedback on their lives." Another relative told us, "It can be difficult sometimes to have difficult conversations with staff about [person's name] care and support needs; we haven't been involved as much as we wanted with their care planning but this has now changed,." They continued, "We are now involved more in [person's name] life and have been invited to attend the key worker meetings, which is really positive for us."

We saw the registered provider had information on the use of advocacy to support people and provide them with additional information on making difficult decisions. The registered manager told us they did not have any advocacy in place at the time of our inspection as people had alternative lines of support available to them. They said, "We are looking at what we can document for people's end of life wishes and preferences and we may need to bring in some advocacy support to further enable those difficult discussions with people."

We saw that care workers used a video monitoring system for one person's room whilst they were sleeping at night. This enabled care workers to monitor the person's epilepsy and seizure activity and administer any medicines required in a timely manner. The registered manager told us the system was only used at night time when the person was asleep and was turned off during the day. This had been agreed using a best interest meeting and with the involvement of the person's relative.

We saw people who used the service, their families and care workers had good, respectful relationships. Care workers were aware of people's needs and the support they required to lead a fulfilling life. There was lots of laughter and good humoured conversations and people clearly enjoyed care workers and each other's company. Where people wanted time alone care workers respected this but were always on hand and nearby should they be required.

Care workers could describe to us how they would uphold someone's dignity. They said "I always make sure people are covered over when I help them with personal care.", and "If someone wants some privacy then I respect that and busy myself nearby in case I am needed." Care workers also told us they asked people what they would like to do and provided options, for example, when to get up, what activities they would like to undertake or how they would like to spend their day.

At the time of our inspection, there were people who used the service who had diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation. We were told that those diverse needs were adequately provided for and saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

Good

Is the service responsive?

Our findings

During our inspection we saw people were engaged with activities of their choice. Care workers spent individual time with each person helping them with creative activities such as drawing, jigsaws and they put on films and music for their entertainment. One person went out for several walks around the village with their key worker; they were encouraged to put on their own coat, hat and gloves and were helped with the zip. Another person went out with a care worker and with a relative. There was a lot of activity interspersed with people having a quiet time on their own if they requested this. The atmosphere was calm throughout the day with activities of care such as administering medicines, meal times and personal care completed with ease and without fuss.

The care plans we looked at showed people's needs were assessed prior to living at the service to ensure these could be responded to and met. From these assessments care plans described how the person would prefer to be supported with their care. The care plans contained information which described the person in detail and this had been formulated with their input and that of their relatives. This made the care plans person centred.

Care workers told us people's care records included information that helped them to get to know people, for example, about their hobbies and interests, their family relationships and their likes and dislikes. A care worker said, "It's important we ask people how they want to be cared for, it's their choice." Another said, "The care plans are really good; we use them to help us to get to know the person and what they like to do." The care plans were reviewed on regular basis and as people's needs changed. Care workers confirmed they had time to spend with people and this allowed them to get to know the individual.

Information was available on how to complain and care workers told us they recorded any situations where a person showed any signs of dissatisfaction with a situation, activity or event. People had a record of activities they had been involved in. Daily diary notes recorded their mood behaviour, and information was documented on whether the person had enjoyed the activity and anything they achieved as a result. A best interest meeting recorded a decision to take a person on a four night holiday. This included input from the team leader, service manager, parent, social worker, continuing health and the person's GP. A care worker told us, "The holiday was a real success and we are hoping to take the person away again." A relative told us, "We are constantly looking for new activities to take [person's name] to but not everything is suitable for their age group, we are looking at setting up a circles network where different people in other services can meet up, hopefully form friendships and arrange trips and activities together."

Relatives we spoke with told us they would approach the registered manager if they had concerns or complaints and they were confident these would be addressed. The registered manager showed us a complaints audit system to record and improve the service where any were received. At the time of our inspection the registered provider had not received any complaints but had received some concerns. The registered manager told us, "We tend to deal with concerns raised as they happen, complaints are deemed more serious and are formally investigated with actions and outcomes documented."

Care plans included a hospital passport. The hospital passport included a detailed summary of the person's key health needs, medication, communication needs, likes, dislikes and information that other health professionals may need to know should the person be admitted to hospital or transferred to another health service. The registered manager told us, "The health passport follows NHS guidance that ensures people's key health information can be easily transferred in the case of an emergency situation such as the person being admitted to hospital."

Good

Is the service well-led?

Our findings

Everybody we spoke with told us they found the registered manager and the care workers approachable, comments included, "The manager appears to be very open and honest, the care workers are very nice and polite; most of all the service is responsive to the needs of [person's name]." "There is always someone available to take a call or ask a question and the care workers are always pleased to see us whenever we turn up."

All the care workers we spoke with told us they found the registered manager approachable and they were visible around the service. Comments included, "You can go to the manager and she will listen to you", "The manager is very approachable" and "I don't feel as though there are any silly questions, she [registered manager] keeps us well informed."

The registered manager undertook meetings with relatives, care workers, and other health professionals and with the people who used the service. Minutes of staff meetings included information on topics under discussion for example, people's needs, health and safety concerns, general requests by people, paperwork, handovers, training and they provided an opportunity for care workers to respond with their own ideas and suggestions. These meetings helped to shape and improve the service people received.
There was a registered manager in post. 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 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. They understood their responsibility to ensure the CQC was informed of events which happened at the service which affected the people who used the service.

The registered provider sought feedback about the service from those involved. During 2015 to 2016 the registered provider told us they sent out 180 surveys across the company to service users, their families and professionals that had a significant interest in the services. They received 14 replies from service users 55 from staff and 25 from others. We saw the findings were analysed and an action plan implemented to respond to the feedback and where appropriate implement changes to improve the service for everybody.

The registered provider had a quality monitoring system in place which ensured the smooth running of the service. This included audits which the registered manager had to undertake on a regular basis for example, medication, health and safety and equipment. Independent audits were also undertaken by other registered managers from other services. Time limited action plans were put in place to address any issues and improve the service people received.

The registered manager had developed good working relationships with local health and social care professionals. Those we spoke with confirmed the service was well-led and care workers were knowledgeable about people's needs and followed their guidance.