Foxglove Care Limited

Foxglove Care Limited - 82 Willowdale

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

Overall summary

This unannounced inspection took place on 22 May and 3 June 2015. At our last inspection on 14 October 2013, the registered provider was compliant with all the regulations we assessed.

82 Willowdale is owned by Foxglove Care Limited. It is registered to provide accommodation for two people who may have a learning disability. The service is located in an established housing development close to local shops and amenities. There is easy access to public transport and sports and social facilities are nearby. At the time of our inspection there were two people living at the service.

The people who used the service had complex needs and were not all able to tell us fully their experiences. We used a Short Observational Framework for Inspection [SOFI] to help us understand the experiences of the people who used the service. SOFI is a way of observing care to help

Summary of findings

us understand people who were unable to speak with us. We observed people being treated with dignity and respect and enjoying the interaction with staff. Staff knew how to communicate with people and involve them in how they were supported and cared for.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission [CQC]. A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibilities for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service were protected from the risk of harm and abuse by staff knowledge and safeguarding training. Staff knew how to protect people from abuse and they made sure risk assessments were carried out. Staff took steps to minimise risks to people's wellbeing without taking away people's rights to make decisions. People lived in a safe environment and staff ensured equipment used within the service was regularly checked and maintained.

We found people's health and nutritional needs were met and they accessed professional advice and treatment from community services when required. People who used the service received care in a person centred way with care plans describing their preferences for care. Staff followed this guidance.

Positive interactions were observed between staff and the people they cared for. People's privacy and dignity was respected and staff supported people to be independent and to make their own choices. When people were assessed by staff as not having the capacity to make their own decisions, meetings were held with relevant others to discuss options and make decisions in the person's best interest.

We found staff were recruited in a safe way and in sufficient numbers to meet the current needs of the people who used the service. Staff had access to induction, training, supervision and appraisal which supported them to feel skilled and confident when providing care to people.

Medicines were ordered, stored, administered and disposed of safely. Training records showed staff had received training in the safe handling and administration of medicines.

People who used the service were seen to engage in a number of activities both within the service and the local community. They were encouraged to pursue hobbies, social interests and to go on holiday. Staff also supported people to maintain relationships with their families and friends.

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?

Good

The service was safe. The registered provider had systems in place to manage risks and for the safe handling of medicines.

People's medicines were stored securely and staff had been trained to administer and handle medicines safely.

There were sufficient staff, with the competencies, skills and experience available at all times to meet people's needs.

Policies and procedures were in place to guide staff in how to safeguard people from abuse and staff received training about this.

Is the service effective?

Good

The service was effective. People's capacity to make decisions about their care and treatment was assessed.

Staff were supervised by management and provided with training opportunities to ensure they developed the skills and knowledge required to support people.

Meals provided for people were well balanced and met their nutritional needs.

People's health care needs were assessed and met. They had access to a range of health care professionals for advice and treatment.

Is the service caring?

Good

The service was caring. People were supported by staff who had a good understanding of their individual needs and preferences for how their care and support was delivered.

We observed positive interaction between staff and people who used the service on each day of our inspection. Staff had developed positive relationships with the people they supported and were seen to respect their privacy and dignity.

People who used the service were encouraged to be as independent as possible, with support from staff.

Is the service responsive?

Good

The service was responsive to people's needs and a range of planned activities were available.

People's care plans contained information about their preferred lifestyles and the people who were important to them. People were encouraged to maintain relationships with people who were important in their lives.

The registered provider had a complaints policy in place: documentation on how to make a complaint was available in easy read format. This helped to ensure documents were more accessible to people who used the service.

Summary of findings

Is the service well-led?

Good

The service was well led. There were sufficient opportunities for people who used the service and their relatives to express their views about the care and quality of the service provided.

Staff worked well as a team and told us they felt able to raise concerns in the knowledge they would be addressed.

The environment was regularly checked to ensure the safety of the people who used the service.

Foxglove Care Limited - 82 Willowdale

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 was carried out on 22 May and 3 June 2015.

We contacted the local authority commissioning and safeguarding teams for information about the registered service. They told us there were no on-going safeguarding investigations and they had no current concerns.

During the inspection we observed how staff interacted with people how used the service, we used a Short Observational Framework for Inspection [SOFI] to evaluate the level of care and support people received. We spoke with two relatives, the registered manager, a team leader and two support staff.

We looked at the premises including people's bedrooms (with their permission) and care records in relation to two people's care and medication. Records relating to the management of the service including; staff recruitment, supervision and appraisal, staffing rota's, records of minutes of meetings, staff induction records, staff training records, quality assurance audits and a selection of policies and procedures; were looked at. We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards [DoLS] to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interests.

Good

Is the service safe?

Our findings

Relatives told us they felt their family member was safe living at the service. Comments included; "I am totally happy with everything and the staff are all very good." and "The staff always seem to have his best interests at heart."

People had communication and language difficulties and because of this we were only able to have very limited conversations with them about their experiences. We relied mainly on observations of care and our discussions with people's relatives and staff tofrom our judgements.

People were protected from the risk of abuse through appropriate processes, including staff training and policies and procedures. All of the staff we spoke with knew about the different types of abuse, how to recognise the signs of abuse and how to report any concerns. Staff told us they had never witnessed anything of concern in the service. One staff member told us, "We know everyone really well and their usual behaviours. We would notice if someone became quiet or withdrawn. I would speak to the registered manager or team leader if I ever had any cause for concern."

We observed people were confident, relaxed and happy in the company of their peers and staff. Staff were seen to be caring and protective of the people they supported and were able to observe people easily within the service, without intruding upon their personal space.

Training records showed staff had received refresher training in the safeguarding of vulnerable adults. Safeguarding and whistle blowing procedures were also in place. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace. Staff were able to refer to these procedures if they needed more information.

People's risks were well managed through individual risk assessments that identified the potential risks and provided information for staff to help them avoid or reduce the risks. People were helped to understand the ways in which risks could be minimised. Staff discussed the possible risks with people using social stories, pictures and symbols to help them understand this.

Risk assessments included plans for supporting people when they became distressed or anxious. Plans described the circumstances that may trigger these behaviours and ways to avoid or reduce these. If people became agitated staff used distraction or calming techniques and avoided the use of restraint. Discussions with the registered manager and staff confirmed that restraint was not used within the service. Records seen confirmed this and showed that low level interventions and distraction techniques were effective in diffusing incidents of behaviours that were challenging to the service and others.

Staff received guidance on what to do in emergency situations. For example, protocols had been agreed with hospital specialists for responding to people who experienced seizures. Training in providing people's medication and who to notify if people experienced prolonged seizures was also provided to staff. Staff told us they would call emergency services or speak with the person's GP, as appropriate, if they had any further concerns about the person's health.

Details of actions taken to keep people safe and prevent further reoccurrences were recorded and whenever an incident occurred, staff completed an incident form for every event which was then reviewed and signed off by the registered manager.

There was enough staff to meet the needs of the people who used the service and keep them safe. Staff told us there was always at least one member of staff on duty for each person who used the service. Staff we spoke with told us, "We are funded for one to one care for each of the people living here. There is always enough staff and cover is provided when needed." We observed staff were available to support people whenever they needed assistance or wanted company.

Systems were seen to be in place to protect people's monies deposited in the home for safe keeping. This included individual records and two signatures when monies were deposited or withdrawn and regular audits of balances kept on behalf of people who used the service.

Medicines were stored in a lockable cabinet in the manager's office. The service used a Monitored Dosage System [MDS] prepared by the supplying pharmacy. MDS is a medicine storage device designed to simplify the administration of medication and contains all of the medicines a person needs each day. The registered manager told us that no one's behaviour was controlled by the use of medicine.

Good

Is the service safe?

They told us one person had been prescribed a specific medicine to help manage their epilepsy on an 'as and when required' [PRN] basis. An individual protocol was in place for staff to follow, with detailed guidance on diversion and distraction techniques that could be used to support the individual first, followed by further steps to be taken prior to a decision being made to administer the medicine. The protocol described the situations the medicine was to be administered and to ensure that it was not used to control people's behaviour by excessive use. Staff spoken with confirmed that this type of medicine was only ever used after following the guidance.

People who used the service were unable to manage or administer their own medicines, without the support from staff. All staff had received medicine training and their competency was reassessed every six months. We observed a staff member administering the morning medicines. They were seen to be patient in their approach and provided support to people, where needed, to take their medicines. We checked the medicines being administered against people's records, which confirmed they were receiving medicines as prescribed by their GP.

We checked the recruitment files for three staff members, one of whom had been recently recruited to work at the service. Application forms were completed, references obtained and checks made with the disclosure and barring service [DBS]. The recruitment process ensured that people who used the service were not exposed to staff that were unsuitable to work with vulnerable adults.

The registered provider had contingency plans in place to respond to foreseeable emergencies including extreme weather conditions and staff shortages. This provided assurance that people who used the service would continue to have their needs met during and following an emergency situation. We saw records which showed emergency lighting, fire safety equipment and fire alarms were tested periodically.

Records showed that accidents and incidents were recorded and immediate appropriate action taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and risks in order to reduce the risk of any further incidents.

Good

Is the service effective?

Our findings

Relatives told us they thought staff had the skills and abilities to meet their family member's needs. Comments included; "Yes, they are all very good and they know him well. He is very settled and happy there." "The staff keep in touch with all of the family and let us know what he is doing. He is always out and about; bowling, having lunch, day trips and walks out."

People who used the service were supported by staff to choose their own menu's, shop for ingredients and prepare their meals. Pictorial menus were seen to be displayed in the dining room with people's selected choices for the week. Further pictorial information was displayed of people's likes and dislikes of food and drink within the service. We saw the two people who used the service had different preferences and these were catered for with one person preferring more traditional meals and another liking more varied meals, particularly Chinese food. People who used the service were also supported by staff to go out for meals and drinks, either on an individual or group basis.

Staff we spoke with had a good understanding of people's specific nutritional needs and their preferences of food and drink and were able to clearly describe how these were catered for. The information provided corresponded to the information detailed within people's care plans. Staff gave examples of one person requiring their food to be cut up small and cooled to a temperature they were able to eat immediately, otherwise they would dispose of it.

We observed how people were supported at teatime and saw staff prepared their preferred meals, in keeping with their identified dietary requirements. After completing their meals people were observed returning their dishes to the kitchen. The atmosphere was relaxed and calm and people were given time to complete the task at their own pace, without being hurried.

We asked staff what happened when people declined the meal that had been prepared for them. Staff we spoke with told us there was always plenty of food in the house and a variety of alternatives that could be prepared in a timely manner if this situation arose. They showed us the daily recording records where examples could be seen of people having been offered alternatives in such situations.

People who used the service were supported to maintain good health and had access to health check services for routine checks, advice and treatment. Staff we spoke to told us how they supported people who used the service to see their GP when they were unwell and attend appointments with other professionals when this was required such as; Neurologist, dentist, optician and members of the community learning disability team. Care records seen showed people's health needs were planned, monitored and their changing needs responded to quickly.

We saw people who used the service had health action plans in place that gave an overview of people's health needs, how they communicated their needs and identified areas of support the individual required with this. The document described what actions professionals and others could take to help and support the individual in their approach and what was not helpful to them.

During discussions with staff and the registered manager we found they had a good understanding of the principles of the Mental Capacity Act 2005 [MCA] and were able to describe how they supported people to make their own decisions. We saw people had their capacity assessed and where it was determined they did not have capacity, the decisions made in their best interests were recorded appropriately. Throughout our inspection we observed staff offering choices to people and supporting them to make decisions about what they wanted to do, what they preferred to eat and drink and the activities they wanted to engage in.

The Care Quality Commission is required by law to monitor the use of the Deprivation of Liberty safeguards [DoLS]. This is legislation that protects people who are not able to consent to care and support and ensures that people are not unlawfully restricted of their freedom or liberty. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager was aware of their responsibilities in relation to DoLS and had made DoLS applications for the two people who used the service. At the time of our inspection these had not been authorised by the placing authority.

Staff had received training in the Mental Capacity Act 2005. Staff we spoke with were aware of the DoLS authorisations applied for, how they impacted on people who used the service and how they were used to keep people safe and protect people's rights.

Good

Is the service effective?

We looked at staff training records and saw staff had access to a range of training which the registered provider considered to be essential and service specific. This included NAPPI [British Institute of Learning Disabilities accredited Non abusive psychological and physical intervention training] epilepsy, administration of buccal midazolam, autism, safeguarding of vulnerable adults, first aid, health and safety, infection control, the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards [DoLS]. The majority of the staff had also completed an NVQ [National Vocational Qualification in Health and Social Care].

The registered manager and team leader told us, that after their appointment, all new staff completed a week of induction which covered training which the registered provider considered to be essential including; medication, safeguarding and care planning. They then had a period of shadowing experienced staff in the service. Following this they completed a work based induction booklet during the next three months. Further more specialised training was also made available to them during this time including, epilepsy and autism. Records seen for a newly appointed staff member confirmed this process.

Staff we spoke with told us, “We have more than enough training and it is really useful.” and “We can raise a request for any additional training that we feel would benefit us at any time as well as at supervision or during appraisals.” Another told us “I love working here; we all get on well together and bring different skills and qualities to the team." They told us they had regular support and supervision with the registered manager or team leader and were able to discuss their personal development and work practice. Other members of staff said, “We can go to the manager about anything, whether it is of a professional or personal nature and we know they will do their best to support us.”

Staff were further supported through regular team meetings which were used to discuss any number of topics including; changes in practice, care plans, rota’s and training.

We looked at the environment and found this had been designed to promote people’s wellbeing and safety. Bedrooms were personalised and people who used the service had been involved in choosing their own colour schemes and decoration for their rooms.

Good

Is the service caring?

Our findings

Relatives told us they considered their family member was cared for well by staff. Comments included: "The staff often ring me to tell me how he is." and "He is always very happy about going back after his visits home." "When he comes home to visit he is always clean, well dressed and happy." Other commented included: "We are always invited to any meeting or review of their needs and any best interests meetings which may be held following these." and "We are kept well informed about all aspects of their care and well being."

During the inspection we used the SOFI which allows us to spend time observing what is happening in the service and helps us to record how people spend their time, the type of support received and if they had positive experiences. We spent time in the communal lounge /dining area on both days. We observed staff interact positively with the people who used the service showing a genuine interest in what they had to say and respond to their queries and questions patiently, providing them with the appropriate information or explanation. We saw people approach staff with confidence; they indicated when they wanted their company for example when they wanted a drink and when they wanted to be on their own and staff were seen to respect these choices. People were seen to be given time to respond to the information they had been given or the request made of them. Requests from people who used the service were responded to quickly by staff.

During our inspection we saw that when one person hesitated when they were asked if they wanted to go on a picnic to the seaside, staff allowed the person time to reflect on the question and then asked again. The person asked staff a number of questions about the trip and staff answered all of these fully and patiently. After a few moments of further consideration the person then went to get ready for the trip. Throughout the two days of our inspection there was a calm and comfortable atmosphere within the service.

We saw people who used the service looked well cared for, were clean shaven and wore clothing that was in keeping with their own preferences and age group. Staff told us the people who used the service were always supported to make their own selections of clothing and other purchases for example toiletries.

Staff understood how people's privacy and dignity was promoted and respected, and why this was important. Staff told us they always knocked on people's doors before entering their room and told them who they were. They told us they explained to people what support they needed and how they were going to provide this. We observed examples of this during the day with staff explaining routines and activities the person had chosen with them and planning timescales for these.

Staff told us about the importance of maintaining family relationships and supporting visits and how they supported and enabled this; in home visits and sending birthday cards to family members. They told us how they kept relatives informed about important issues that affected their family member and ensured they were invited to reviews.

Staff spoke about the needs of each individual and had a good understanding of their current needs, their previous history, what they needed support with and encouragement to do and what they were able to do for themselves. The continuity of staff had led to the development of positive relationships between staff and the people who used the service. We observed one person greet staff as they came on duty and tell them about their home visit and chat to them about their planned activities for later in the day.

During discussions with staff, they were clear about how they promoted people's independence. One person described how they supported an individual to make choices about going out; the person was unable to communicate verbally. Staff explained that one person when they were asked if they wanted to go out, would go and get their shoes and coat if they did, but if they chose not to they would go upstairs and return without them. At this point staff would give them some time to reconsider, before asking them again and await their repose. As each person had individual staffing in place to support them, this gave people who used the service the opportunity to choose their preferred activities and when they wanted to engage in them.

Staff we spoke with told us that on occasions the people they supported may at times become withdrawn, but they were able to identify patterns of these behaviours emerging quickly and take appropriate action to engage and support

Good

Is the service caring?

them during these periods. We later looked at care records and these showed the actions described by staff were appropriate and in keeping with the protocols within their care plan.

Further pictorial aids were displayed for activities people had selected to do throughout the coming week.

Staff confirmed they read care plans and information was shared with them in a number of ways including; a daily handover and team meetings.

People's care records showed that people were supported to access and use advocacy services to support them to make decisions about their life choices.

Good

Is the service responsive?

Our findings

Relatives told us they considered the service was responsive to their family member's needs. Comments included; "They bring him home regularly so that he can visit us. Nothing seems too much trouble for them."and "We are involved in all aspects of their life and decisions making process, we are kept well informed about everything."

We looked at the care files people who used the service. We found these to be well organised, easy to follow and person centred. Sections of the care file were in pictorial easy read format, so people who used the service had a tool to support their understanding of the content of their care plan.

People's care plans focused on them as an individual and the support they required to maintain and develop their independence. They described the holistic needs of people and how they were supported within the service and the wider community. They also contained details of what was important to people such as their likes, dislikes preferences, what made them laugh, what made them sad and their health and communication needs. For example their preferred daily routines and what they enjoyed doing and how staff could support them in a positive way.

Individual assessments were seen to have been carried out to identify people's support needs and care plans were developed following this, outlining how these needs were to be met. We saw assessments had been used to identify the person's level of risk. These included identified health needs, nutrition, hot drinks, road safety and choking. Where risks had been identified, risk assessments had been completed and contained detailed information for staff on how the risk could be reduced or minimised. We saw that risk assessments were reviewed monthly and updated to reflect changes in people's needs where this was required.

Evidence confirmed people who used the service and those acting on their behalf were involved in their initial assessment and on–going reviews.

Records showed people had visits from or visited health professionals including; psychologist, psychiatrists, chiropodists and members of the community learning disability team, where required.

We saw that when there had been changes to the person's needs, these had been identified quickly and changes made to reflect this in both the care records and risk assessments where this was needed.

When we spoke to the registered manager and staff they were able to provide a thorough account of people's individual needs and knew about people's likes and dislikes and the level of support they required whilst they were in the service and the community. They were able to give examples of how they supported individual choice for example: for one person who used the service, if staff brought out all available options at breakfast time, the person would replace all the things they didn't want back into the cupboard and leave out their preferred options. Staff would then ask the person if this was their preferred option and they would acknowledge this with staff. During discussion with staff, they told us there was more than enough information in people's care plans to describe their care needs and how they wished to be supported.

During the two days of our inspection we observed a number of activities taking place both within the service and the local community. These included people being supported with shopping, going out on a picnic, travelling back from a home visit, walks in the local community, watching television and going out for meals. Activity records showed other activities people had participated in including: train journeys, playing pool, cinema visits, shopping, bowling, swimming, playing golf and day trips.

Staff we spoke with described the progress and achievements of the people who used the service and comments included; "After [Name] had been ill we were concerned that he would not fully regain his independence, but he has surprised us all with his recovery. As a staff team we are so pleased to see his progress and determination to overcome his health problems."

The registered provider had a complaints policy in place that was displayed within the service. The policy was available in an easy read format to help people who used the service to understand its contents. We saw that few complaints had been received by the service, but where suggestions had been made to improve the service these had been acknowledged and action taken.

The registered manager told us, "The neighbours here are very supportive of us and exchange cards with the gentleman here. They like staff are also vigilant and on one

Good

Is the service responsive?

occasion when the guys had first moved in to the service, one of them was very excited and vocal. Neighbours interpreted this as a sign of distress and immediately reported it to our head office, who investigated the situation. We welcome this support and vigilance from our neighbours."

Good

Is the service well-led?

Our findings

Relatives we spoke with told us they knew the registered manager and saw them at reviews, but usually dealt with the staff based in the service on a more regular basis. They told us, “Everything is marvellous and all of the staff are very good. I am very happy with everything about the service.” and “Occassionally there may be a minor hiccup, but we can raise it and it will get sorted out stariht away. I have no complaints.”

We observed people who used the service were comfortable in the registered manager’s presence and although they did not approach them directly, they engaged with them confidently when they were approached by them. During our inspection we observed the registered manager took time to speak with people who used the service and staff and assisted with care duties. The registered manager told us they were supported by a senior manager.

The registered manager was experienced, having initially worked for the organisation for a number of years prior to becoming the registered manager. The service was one of three; the registered manager had responsibility for. A team leader worked with the registered manager and shared some of the management responsibilities on a day to day basis for example, supervision for some of the staff and completing checks and audits of the environment.

Social and health care professionals told us that they had no current issues with the service and that the staff worked effectively with the people who used the service. Any changes that needed to be implemented were acknowledged and implemented quickly and there was open communication with the registered manager and staff.

The registered manager told us weekly meetings were held with each of the people who used the service where they were enabled to make choice about their menus and activities. Following this picture boards were set up with peoples preferred choices for each day. Records detailed the information discussed and how decisions had been made by each person. When we spoke to staff about this process they were able to describe the different types of support provided to each person in the decision making process.

Staff we spoke with told us they enjoyed their work and worked well together as a team in order to provide consistency for the people who used the service. They told us they felt well supported and valued by the manager and senior staff at the service and comments included, “She has an open door policy we can speak to her at any time about anything and we will be listened to.” and “ She is fair but firm when she needs to be. I think she as a good balance of both and at the end of the day it is about what is best for the people living here.” and “We can go to her or any of the other senior staff and we will be listened to and they will make time for us. I have been here for a number of years and they are good to work for.”

The registered manager said, “I think my management style is fair, I have an open door policy, and staff can come to me at any time with any queries. The staff need to be supported, and the people who use the service deserve the best care possible. The job can be demanding at times and we need to make sure that everyone is confident and comfortable in their role.” They told us they felt supported by the registered provider and attended regular management meetings where best practice and changes to legislation were discussed.

A quality assurance system was in place at the service which involved the use of stakeholder surveys, reviews and assessments. People who used the service, relatives, staff and other professionals were actively involved in the development of the service. We looked at the results from the annual review and found that information from external professionals had been collated

for the whole of the organisation and although actions had been taken where this had been identified, it would have been more beneficial to the service to know what responses related to them. When we spoke to the registered manager about this they told us this had been raised at the time by registered managers and following this, the registered provider was working with a consultancy agency and the current quality assurance systems were being reviewed. New audits were being implemented to ensure the robustness of the system was improved.

The registered manager showed us a copy of the monthly quality audits completed within the service these included;

Good

Is the service well-led?

medication, health and safety, the environment, fire checks and care records. We saw that where a problem with the bath mats had been identified, new ones had been purchased immediately, to resolve the situation.

We confirmed the registered manager had sent appropriate notifications to CQC in accordance with registration requirements.

A selection of key policies and procedures were looked at including, medicines, safeguarding vulnerable adults, consent, social inclusion and infection control. We found these reflected current good practice.