

Foresight Residential Limited

Foresight Residential Limited - 14 Otley Road

Inspection report

14 Otley Road
Harrogate
North Yorkshire
HG2 0DN

Tel: 01423500700
Website: www.4sr.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Otley Road is a residential care home providing accommodation and personal care. The home accommodates up to 13 people in one individual adapted building. At the time of our inspection 10 people with learning disabilities were living at the home.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had not always consistently applied them.

Otley Road is one large house, bigger than most domestic style properties. It is registered for the support of up to 13 people. 10 people were using the service. This is larger than current best practice guidance. However, the size of the service did not have a negative impact on people. This was because the building design fitted into the local residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going out with people.

People's experience of using this service and what we found

We received positive feedback from people and their relatives. People were happy living at Otley Road. They told us they felt safe, were kept busy doing the things they liked, and we observed positive interactions between people and staff.

People were not always protected from potential risks, a fire exit was used to store broken equipment, keys to cupboards containing cleaning materials that could be hazardous were in easy reach and a blocked off balcony was open.

Audits and monitoring systems were not always used effectively to manage the service and make the improvements required. Health and safety checks were in place, however they failed to address the safety issues found on inspection.

Care plans were in place but were not always person centred. People did receive personalised support and staff knew people well, but this wasn't reflected in their care plans, especially around communication.

People had 'pen portraits' (a profile of the person) that listed all people's problems and background. People didn't have any personal goals or outcomes in place. We have made a recommendation that these needed to be improved.

Medicines were managed well, safely administered and recorded accurately. Liquid medicines were not always labelled with opening dates. Medicines that were 'as and when required' had clear instructions in

place but no records to show if they had been effective. We have made a recommendation that these issues need to be improved.

The environment lacked homely features with a staff office space in the hallway. A staff announcement information board and personal protective equipment were on display in the dining room, primarily for staff convenience as opposed to people's preferences. We have made a recommendation that this needs to be improved.

There were enough staff to support people and staff were always visible.

People and staff spoke positively about the registered managers.

Staff received support and a variety of appropriate training to meet people's needs.

Individualised risk assessments were in place. Staff were confident to raise concerns appropriately to safeguard people.

Robust recruitment and selection procedures ensured suitable staff were employed.

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.

People were supported to have enough to eat and drink.

Appropriate healthcare professionals were included in people's care and support as and when this was needed.

There were systems in place for communicating with staff, people and their relatives to ensure they were fully informed via team meetings and emails.

People had good links to the local community through regular access to local services.

People were supported to be independent where they could, their rights were respected and access to advocacy was available.

Support was provided in a way that put the people and their preferences first. Information was provided for people in the correct format for them.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons; the premises didn't meet everyone's needs and people's care plans were not completed to ensure they were person centred. Also, the environment lacked homely features.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 June 2017) The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. We found some improvements had been made in some areas. However, not enough improvement had not been sustained and the provider was still in breach of some regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches at this inspection in relation to health and safety, records and oversight from management.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our safe findings below.

Requires Improvement ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and two experts by experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Otley Road is a residential care home that provides accommodation for adults with learning disabilities and people living with sensory impairments such as registered blind.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two registered managers. This means that when registered they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The Manager and provider were working closely with the local authority commissioners on improving the quality of the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spent time with people living at the service. We spoke with five people who used the service, four relatives, the registered manager, two senior carers and two care staff.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed from infection control issues.

Assessing risk, safety monitoring and management

- Cleaning materials that could be hazardous were potentially accessible to people and visitors as the locked cupboard had the key hanging beside the lock.
- The first floor had a balcony area that was supposed to be closed off to keep people safe. However, we found this balcony area open. Staff locked it but placed the key beside it, potentially still allowing access.
- The second-floor fire exit had broken equipment stored behind it causing a potential fire risk and blockage of an exit.
- Regular maintenance checks, risk assessments and repairs were carried out to keep the home and equipment safe. However, the environment checks did not address the issues we found during our inspection.
- A fire risk assessment was in place and fire drills took place regularly. However, these checks had failed to notice the blocked exit.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at potential risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They removed the keys, broken items and ensured the balcony was locked.

Learning lessons when things go wrong

- Accidents and incidents were recorded on an individual recording basis. These were analysed to look for any patterns or trends to minimise risk of further incidents.

Using medicines safely

- People who received 'as and when required' medicines had clear instructions in place. These were personalised. However, there were no outcomes recorded from administering these types of medicines to show if they were successful or not.
- Liquid medicines and creams were stored safely, however, staff were not recording opening dates to aid stock control and quality.

We recommend that as and when required records follow best practice and record what outcomes were achieved and to record opening dates on creams and liquid medicines.

- People received regular medicine reviews with their GP and other healthcare professionals.
- Medicine administration records (MARs) were clear and completed fully. People received their medicines as prescribed, at the right time.

Preventing and controlling infection

- The premises were clean and tidy with no odours.
- The laundry room was clean with a system in use to prevent cross infection from dirty laundry to clean.

Staffing and recruitment

- There were enough staff on duty to meet people's individual needs and maintain their safety. Staff were always present.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were able to raise any concerns appropriately.
- Where safeguarding concerns had been raised, investigations had taken place and appropriate action was taken. One member of staff told us, "I am absolutely confident that my concerns will be acted on. I once reported an allegation of safeguarding, but it was found to be not true."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- Decoration and other adaptations to the premises did not always meet people's needs, promote a homely environment or support people's preferences.
- Staff were using the hallway as an office space with a large desk and notice boards holding information leaflets. These were on display for staff convenience not for people's preferences.
- Personal protective equipment for staff to use was not discretely stored and was visible in the dining room.
- Information regarding infection control was displayed in the dining area.
- The outside area of the home was accessible, well used and maintained.

We recommend that the registered manager remove these protective items from show and establish office facilities to follow best practice and meet the registering the right support standards.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's preferences, care and health needs were assessed and regularly reviewed.
- Any changes to people's needs were reviewed with them and reflected in their care plan.

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained. Staff told us they valued the training on offer and could ask for extra if needed.
- New employees completed an induction. The Care Certificate training was used for people new to care; they also shadowed more experienced members of staff to get to know people before working with them.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutrition and hydration needs were met, and people were provided with a varied and nutritionally balanced diet.
- People planned a weekly menu of their choices with staff but were not involved in shopping. The registered manager told us they would highlight this with staff and support people to get more involved.
- The staff were aware of people's dietary needs. One person told us, "We choose what we are having to eat, sometimes."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked regularly with external professionals, such as GPs and specialist nurses, to support and maintain people's health.
- People were supported to attend health appointments.

Supporting people to live healthier lives, access healthcare services and support

- Referrals were made to other healthcare professionals, such as the falls team, where appropriate, in a timely manner.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Health professionals completed capacity assessments to ensure people were supported appropriately to make decisions.
- Staff ensured people were involved in decisions about their care; they understood their role in making decisions in people's best interests.
- Where people did not have capacity to make decisions in an area of their life, they were supported to have maximum choice and control of their lives.
- People who could were asked to give consent to their care and treatment; we saw this was recorded in care files.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a positive rapport between people, support staff and management. One person told us, "The staff do alright."
- People were supported to maintain relationships, to visit family and spend time with friends. One member of staff told us, "Service users are free to live their own lives. They can get in touch with the family. One writes to his mother; I help him write and they access the community."
- Staff were trained in dignity and respect. Staff treated people with kindness and respect at all times.
- People were supported to follow their chosen religion and to attend their place of worship.
- Some people were supported to attend a weekly evening church group.

Supporting people to express their views and be involved in making decisions about their care

- People were supported by key workers to make plans and discuss any changes to their support. The registered manager told us, "Keyworker meetings inform us of anything that people want to do that they don't already, and having these meetings ensures that everybody is treated fairly and listened to."
- People were supported to have their say and had independent advocates.
- Staff spent time listening and talking to people. During our inspection people and staff were discussing the menus and choices for future activities.

Respecting and promoting people's privacy, dignity and independence

- People were actively supported to achieve increased independence.
- People were encouraged to remain as independent as possible.
- People were supported to learn skills to promote their independence.
- Staff engaged with people in a dignified way. Private conversations and care were conducted respectfully.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question had deteriorated to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were on a new online system but did not always reflect person centred support.
- People had 'pen pictures' in place, a one-page document giving an overview of the person. These were written in a way that highlighted the person's problems and background, rather than being person centred.
- People were not always supported to set themselves goals within their care plans. Some people had made plans, but these were not recorded anywhere.
- Reviews of care plans took place regularly but did not highlight missing person-centred details.
- Where people had specific health care needs, these were clearly identified and showed how people should be supported.
- The support people received was individual to their needs and was delivered in a person-centred way. People could pursue social and leisure interests. However, this was not reflected in their care plans.

We recommended that the provider follow best practice for more person-centred care plans by including Goals, more information on likes, dislikes, communication and a 'one-page profile' written in the first person, to highlight how the people wish to be supported and their personal preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Complaints procedure and other documents were available to people in different formats, including brail and audio.
- One person who used the service used some British Sign Language (BSL) and training in BSL was available for staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow interests and to take part in activities that were socially and culturally relevant to them. One person told us, "I like to go out and do, I visit church too."
- During our inspection people were busy coming and going, attending activities and going out to the shops.

- People enjoyed a music activity held by local college that took place twice a week??? to enable different people to have a go.

Improving care quality in response to complaints or concerns.

- An accessible complaints procedure was in place that was followed by the manager and staff.
- People were supported to complain. No recent complaints had been made.

End of life care and support

- No one had end of life care plans in place but there were records indicating discussions had taken place, or people had chosen not to discuss the matter. The registered manager told us, "We know this is sensitive and we are going to revisit."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection systems and arrangements were not established and operated effectively enough to assess and monitor safety or demonstrate continuous improvement by the provider. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not, enough improvement had been made and the provider was still in breach of regulation 17.

- Audits carried out by management and the provider failed to address health and safety control measures, such as access to potentially hazardous materials.
- Audits of care plans failed to highlight the need for more person-centred information.
- Health and safety checks had not identified potential fire hazards.
- There was two managers in post who were registered with us.
- The provider had made notifications to CQC in relation to significant events that had occurred in the home.

We found no evidence that people had been harmed however, systems were either not robust enough to demonstrate safety was effectively managed. Audits carried out by the provider failed to identify actions to address issues found during our inspection. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a good system of communication to keep staff, people using the service and their families informed of what was happening within the service.
- The registered manager held staff meetings to discuss relevant information and policy updates. Staff told us they valued these meetings.
- People were asked their views on the service. Menus were changed, and activities sought from these

meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager was open with the inspector during the inspection and took responsibility for issues found and acted to address concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture at the home was to support people to practice their chosen religions and for staff to understand different cultural beliefs or preferences.

Continuous learning and improving care

- People who used the service spoke positively about the registered manager and said they regularly went to them for support.
- The registered manager took on board opinions and views of the people who used the service to make improvements to activities and holidays

Working in partnership with others

- People were supported to be active citizens within their local community by using local services regularly, with support. The registered manager told us, "Links with the community come from the church group. Some of our clients attend on a weekly basis. At this group they meet with people from other services and the church community."
- The provider was working closely with local authority commissioners on an action plan, attending meetings and sharing information.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Due to poor governance of the service people were placed at risk of harm. There was an increased risk to people from a lack of health and safety control measures.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audits carried out by the provider failed to identify actions to address issues found during our inspection.