

Foresight Residential Limited

Foresight Residential Limited - 14 Otley Road

Inspection report

14 Otley Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Foresight Residential Limited - 14 Otley Road is a residential care home providing personal care to 11 people at the time of the inspection. The service can support up to 13 people.

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

The home is bigger than most domestic style properties. Yet the size did not have a negative impact on people. We believed that this was because the building design fitted into the local residential area. There were deliberately no identifying signs 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. The home was very spacious and made best use of larger communal areas.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximised people's choice, control and independence.

People were supported to make choices about where to live and with whom.

Staff were creative with supporting people to live their best lives, as independently as possible. Support was provided which promoted people to develop their daily living skills and access a range of activities and events.

People and their relatives told us they received care and support from staff who they knew and had their preferences respected.

Right care: Care was person-centred and promoted people's dignity, privacy and human rights.

Records were up to date and decisions made on behalf of people under the Mental Capacity Act 2005 were consistently applied or reviewed to ensure they continued to be the least restrictive option and in the persons best interest.

People and their relatives were involved in planning their care.

Care records included person-centred information for staff to follow.

People told us staff were respectful, caring and understanding around their emotional and physical needs.

The service worked closely with a range of health professionals to ensure people received the most up to date care which promoted their health and wellbeing; enabling them to live as normal lives as anyone else.

Right culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using the

service led confident, inclusive and empowered lives.

The culture of the service was open and empowered individuals to express their views.

People spoke positively about the service they received and the way the service was managed. The registered manager and staff team were passionate about providing people with a personalised service which promoted their independence.

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 29 November 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 19 June 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in good governance and safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions; Safe, Responsive and Well led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Foresight Residential Limited - 14 Otley Road on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation about management oversight of medicines under Well led.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Foresight Residential Limited - 14 Otley Road

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One Inspector and an Expert 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

Foresight Residential Limited - 14 Otley Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Foresight Residential Limited - 14 Otley Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

The service had a manager registered with the Care Quality Commission. This means that 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and three staff members. We reviewed two care plans, medication records and three staff files. We observed interaction between people and staff. We reviewed records associated with the management of the service, which included policies, procedures, audits, and checks. We looked at staff recruitment details.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two care staff, three people in receipt of the service and four family members and one advocate for a person receiving a service. An advocate is someone who supports a person to help them express their views and wishes and helps them to stand up for their rights. We reviewed one care plan, environmental home maintenance checks, and additional information used to manage and improve the service.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans guidance for staff to follow to keep people safe.
- Regular maintenance checks, risk assessments and repairs were carried out to keep the home and equipment safe.
- A fire risk assessment was in place and fire drills took place regularly.
- Processes ensured required actions were implemented following any accidents or incidents. This helped to protect people from harm as part of lessons learnt.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

- People received assessments to determine the level of support they required to take their medicines.
- Where medicines were administered to people, they received them as prescribed.
- Medicines were received, stored, administered and disposed of safely.
- Staff involved in handling medicines had received recent medicines training and were assessed as competent in this role.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risks of abuse. One person said, "I'm safe because [staff] are always there. I can talk to people. If I go out, they come with me."
- Staff had received training in safeguarding and understood how to recognise signs of abuse and what actions to take to safeguard people from avoidable harm.
- Systems and processes ensured good recorded oversight of any concerns. Information was shared with safeguarding bodies to ensure all necessary actions were taken to keep people safe from abuse.

Staffing and recruitment

- The provider operated safe recruitment practices when employing new staff. Appropriate checks were completed to ensure staff were suitable for the role which included checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People received their care and support from regular staff who they knew.
- The provider had contingency plans to ensure there were enough staff available to provide care and support to people to meet their assessed needs.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider followed government guidance and health professional recommendations to support people to enjoy receiving visitors and to visit others. A purpose-built summer house was in use in the garden areas which provided a welcome, safe alternative to visiting in people's own rooms.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At the last inspection we recommended that the provider follow best practice for more person-centred care plans. The provider had made improvements.

- Assessments of people's needs were regularly reviewed to ensure they remained relevant.
- People received personalised care that reflected their needs and preferences. Care plans provided staff with personal background information. For example, people's likes and dislikes, health and care need and how they would like to be supported.
- People, their relatives and advocates were routinely involved in planning and reviewing their care. Where people were not able to plan areas of their own care, decisions were made in their best interests by people who understood their needs. A relative said, "I'm very involved so I'm totally happy. Things like when they need a flu or Covid jab, I get forms emailed to sign. If they're unwell, they let me know."
- People were supported by staff who they knew.

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.

- People's communication needs were assessed and recorded in care plans. Guidance detailed how people communicated their needs and wishes. Staff monitored people for any changes to their hearing, sight or speech.
- The registered manager confirmed that information was made available in various formats to ensure it was accessible to people. A staff member said, "We receive regular training to help us to communicate with people. This includes the use of sign language. We also use brail to support people who struggle with their sight. Many staff have worked here a long time which means we know how to interpret peoples body language, their expressions, and to understand when they are in pain."

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

- Staff routinely supported people to maintain relationships. People told us they had established contact with their relatives across the country with the help of staff. As people returned to their home during the

inspection, they spoke excitedly with attentive staff about their day out and their experiences following meetings with friends and relatives. A relative said, "Before Covid-19 [Person's name] was really happy. Staff were building on their timetable more, and they went out most days. I expected during Covid-19 it would be really awful, but it was alright and that was down to the staff who did very well."

- The registered manager discussed how the service promoted equal access for all. Where required, adjustments were made to people's care and support to ensure they were not disadvantaged. This included provision of specialist mobility aids and electronic methods of communication.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and process in place.
- People told us they understood how to raise any complaints and supporting guidance was available in a range of formats for people to understand the process. People and their relatives told us they rarely had cause to complain but that any concerns were appropriately responded to.
- Feedback, including concerns and complaints was welcomed and where appropriate, outcomes were used to help improve the service for people.

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 has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Audits and performance checks were used to manage the service, maintain standards and identify areas for improvement. This included the implementation of checks to ensure medicines management followed best practice. Further work was required to ensure these checks were carried out in a timely manner to identify any errors or omissions and ensure corrective actions were implemented without unnecessary delay.

We made a recommendation for the provider to review their medicine audit process to ensure checks were timely to quickly identify and remedy any errors or omissions when working with people's medicines.

- The registered manager was aware of their responsibility to notify the relevant authorities including the CQC of important events that happen in the service. For example, any safeguarding concerns, service changes and serious incidents.

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

- People and their relatives told us the service was managed well with caring staff. A relative said, "I know the managers and all the staff, as they talk to me as if we're friends and that makes a difference to me. Everything's done well. They listen if I want to talk about anything. Honestly, I can't fault anything."

- Staff told us senior staff were approachable which resulted in good communication and support for the benefit of people using the service. A relative said, "Since this manager and deputy came, [Person's name] has received excellent care."

- Regular staff and resident meetings provided individuals with the opportunity to contribute their views to

help the service improve.

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

- Processes were in place to ensure any incidents, concerns and complaints were investigated and responded to. A relative said, "I address things as they happen, as my son is very important to me, we discuss everything anyway, good or bad. It's always an open discussion, not defensive at all, as they're very good at listening."

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

- People were given the opportunity to feed back on the service they received and told us the senior staff including the registered manager were approachable. One person told us, "We have residents' meetings. Yeah, we have a client's meeting with [managers], a lot of issues to talk about, about fire and safety. Sometimes we talk about holidays to go on, and about COVID-19. We meet every two weeks."
- Staff discussed their passion for their roles and the supportive team approach to providing people with consistent care. They told us this promoted people's independent living arrangements. One staff member said, "We treat people as we want to be treated, we are a small team and work together like a family for the benefit of the people we support."
- Thorough pre-assessments of people's need ensured care was planned to meet any personal characteristics and preferences. People's views were recorded and where required adjustments made to ensure care was tailored to meet their needs.

Continuous learning and improving care; Working in partnership with others

- People and their relatives told us they felt confident that the service would act if they suggested an area for improving care.
- The registered manager was passionate about enabling people to live their best lives. They spoke with enthusiasm about the service model, supporting people holistically with their daily lives, health and where required personal cares, in a homely environment with a dedicated staff team.
- The service had good partnership links with stakeholders including other health professionals. For example, the clinical lead provided regular weekly input, providing guidance and support to maintain people's health and wellbeing where required.