

Fox Elms Care Limited

Fox Elms Care Limited

Inspection report

1st Floor Offices, New Wing, Agricultural House
Greville Close, Sandhurst Road
Gloucester
Gloucestershire
GL2 9RG

Tel: 01452382357

Date of inspection visit:
21 February 2019
24 February 2019
25 February 2019

Date of publication:
02 April 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

About the service:

Fox Elms Care Limited provides personal care to people with a learning disability, mental health or acquired brain injury living in their own homes or supported living in Gloucestershire.

People's experience of using this service:

- ☐ The staff told us about the issues with the landlord and told us that some tenancy agreements were not adhered. We noted that external environments were not well maintained and where housekeeping was the responsibility of the landlord this was not happening. We recommend that the registered manager seek guidance from a reputable source or inform commissioners of placements that landlords were not adhering to their contracts.
- ☐ Staff that administered medicines had attended appropriate training. Medicine administration records were signed to indicate medicines administered. Some MAR did not include the medicines received. Where medicines were discontinued or duplicated it was not made clear in the MAR.
- ☐ Quality assurance systems were in place. Where shortfalls were identified action was taken to improve the quality of service delivery. Incident and accidents were reported and analysed for patterns and trends.
- ☐ We received feedback through questionnaires about the agency which we followed up during the inspection. Questionnaires were sent to people, relatives, staff and community professional before the inspection. The registered manager said that at the time morale was low due to changes in staff rotas and registration changes. The relatives and staff we spoke with during the inspection gave positive feedback about the care and treatment people received.
- ☐ New staff said they had an induction to prepare them for their role. They said their induction included shadowing more experienced staff.
- ☐ The training matrix confirmed staff attended training set as mandatory. Staff told us mandatory training was online at the agency office where the trainer was available for support.
- ☐ We saw copies of one to one supervision meetings which confirmed regular supervision. However, some staff said they had not had regular one to one supervision meetings.
- ☐ Staffing levels were maintained by agency staff. Staff told us there was enough time allocated to deliver personal care and was not rushed. Most people living in supported living locations were

having one to one support from staff.

- ☐ Recruitment procedures were in place and administrative staff were currently ensuring staff files were up to date. The registered manager told us action was being taken to recruit permanent staff.
- ☐ Care plans were mostly person centred. People's life stories were introduced. Guidance from community professionals was part of the care plans. Individual risks to people included falls, choking and behaviours people used to express anxiety and frustration. Risks were assessed and action plans were developed on how to minimise the risk.
- ☐ Staff knew the day to day decisions people were able to make and Deprivation of Liberty Safeguards (DoLS) were made for people subject to continuous supervision.
- ☐ Where necessary staff made GP appointments. Staff said they were kept informed about visits from healthcare professionals.
- ☐ Complaints received were investigated and lessons were learnt from these events.
- ☐ The staff we spoke with told us how they ensured that people were made to feel they mattered. These staff explained the importance of developing relationships with people.

Rating at last inspection:

The service was rated as good at the comprehensive inspection dated 29 February 2016. The home retained the good rating in Safe at the focus inspection dated 10 January 2017.

Why we inspected:

This inspection was a scheduled inspection based on previous rating.

Follow up:

We will monitor all intelligence we receive about the service to inform when the next inspection should take place.

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

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.

Requires Improvement ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was well-led.

Good ●

Fox Elms Care Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team:

This inspection was carried out by one inspector and one expert by experience. 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:

Fox Elms Care Limited provides personal care to people with a learning disability, mental health or acquired brain injury living in their own homes or supported living in Gloucestershire.

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:

We gave the service 48 hours' notice of the inspection visit because some of the people using it could not consent to a home visit from an inspector, which meant that we had to arrange for a 'best interests' decision about this.'

Inspection site visit activity started on 21 February 2019 and ended on 26 February 2019. We visited the office location on 21 and 26 February to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed information we held about the service including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also looked at information in the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted people, staff and community professionals by questionnaires and phone calls. We spoke with the registered manager, administrative staff, quality assurance manager and training manager. We consulted seven staff including one external agency worker and received feedback from six staff.

We reviewed records related to the care for six people. We looked at three care records in detail and specific areas in three care records. We looked at records of care plans, daily report, and staffing rotas. Records relating to the safety and suitability of the service were reviewed. We looked around the property.

Is the service safe?

Our findings

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

Requires Improvement:

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. Regulations may or may not have been met.

Using medicines safely

- ☐ Medicine administration systems (MAR) in one location were not clear. The MAR for one person had been changed by the staff but the changes were not made clear. We saw that staff had crossed duplicate medicines in the MAR but had not detailed the reasons for this. However, where a medicine was crossed off in error this was not made clear in the MAR. The quality assurance manager said the MAR had been changed between our visits.
- ☐ There were people that were prescribed with medicines that required stricter recording controls. Some staff showed a lack of awareness of these guidelines. We noted in two services staff had not kept accurate records of medicines received.
- ☐ Medicine systems were well managed in all other locations.

Preventing and controlling infection:

- ☐ The questionnaire response from people living in their own homes indicated the staff took appropriate measures to prevent and control infection.
- ☐ One of the three shared living locations that we visited was in need of better cleaning regimes. Staff told us that part of the agreement with the landlords was to provide housekeeping staff. However, housekeeping staff were not visiting and the support workers were having to undertake housekeeping regimes.
- ☐ We noted that in two shared living locations the fencing was in need of repairs, gardens were overgrown and paths were in need of clearing.

We recommend that the registered manager seek guidance from a reputable source or inform commissioners of placements that landlords were not adhering to their contracts.

Systems and processes to safeguard people from the risk of abuse

- ☐ The people that responded to questionnaires said they felt safe from abuse and harm. Where relatives responded they confirmed their family members were safe with the staff. The staff we spoke with told us

they had attended safeguarding people training and described the procedures for safeguarding people at risk. These staff knew the types of abuse and the expectation placed on them to report concerns of abuse.

Assessing risk, safety monitoring and management:

- The staff we spoke with were knowledgeable about people's individual risk and the systems in place to mitigate risks. For example, to support people with mobility needs the staff had attended moving and handling training, equipment was available to help with transfer and they ensured people re-positioned themselves to reduce the potential of skin breakdown. Behaviour management plans were developed for people that expressed anxiety and frustrations using behaviours deemed to be challenging. Staff demonstrated a good understanding of management plans. For example, when one person resisted personal care the staff "reduced noise levels, withdrew and gave the person time.
- Risk assessments gave guidance to staff on how to support people when they became anxious or frustrated. Reactive strategies were part of the risk assessment and gave direction to staff on how to manage situations when they had escalated.
- The registered manager told us the ethos of Fox Elms was to offer a robust environment to people where joint living hadn't worked which then allowed people to express themselves freely. This registered manager further explained that there was recognition from staff that some people used behaviours to communicate their emotions and feeling.

Staffing and recruitment

- Agency staff were being used to maintain staffing levels. A member of staff explained the reasons for staff leaving and said that "agency staff are used most shift". Other comments from staff included "inconsistencies," of care delivery when agency staff were used, "recruitment is a problem" and "some people like new staff faces but others prefer to know the staff that are caring for them". The registered manager told us the steps that were being taken to recruit staff to vacant posts.
- People whose care was delivered in their own homes told us staff stayed for the allocated time and completed all tasks.
- Recruitment procedures were a priority for improving. References from the previous employer was not requested for one staff. Administrative staff explained and showed us that staff files were being streamlined and assessed to ensure recruitment processes had been followed. Staff files included copies of application forms, interviewing procedures, written references and confirmation of DBS clearances. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. While the registered manager had followed up declaration of criminal convictions the assessment of risk was not documented.

Learning lessons when things go wrong

- Accidents and incidents were reported and analysed by the management team to identify patterns and trends.
- The registered manager provided us with examples of learning which included supporting one person to move locations closer to relatives. Another learning outcome from an incident was for staff to attended

more detailed safeguarding adults training.

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

• ☐ People's physical, mental health and social needs were assessed by their social worker before they were referred to the agency for care and treatment. There were copies of the comprehensive assessments in people's care records.

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

• ☐ Social and healthcare professionals responded to questionnaires and 67% agreed that staff had a good understanding of their responsibilities under MCA. The staff that responded to questionnaires told us they had attended MCA training and knew their responsibilities under the MCA.

• ☐ The training matrix showed staff attended annual refresher MCA training. The staff we spoke with were knowledgeable about MCA principles. The staff told us care plans gave them guidance on people's abilities to make decisions. These staff described how people living at their specific locations made daily decisions. A member of staff described how one person made decision. They said this person will "turn away" when they refuse. Another member of staff said one person made decision through physical and facial expressions. This member of staff said "[name] can be assertive about his likes and dislikes. We have to ask him to make the choice." Staff said they were aware that where there were Lasting Power of Attorney for care, treatment and finance the decision was consulted before best interest decisions were taken.

• ☐ Mental capacity assessment was completed to store medicines in a separate location to their bedroom. For one person the assessment confirmed the person had little understanding of the rationale for the assessment. Best interest decisions were taken as the person was assessed as lacking capacity. The actions were for staff to liaise with healthcare professionals. Mental capacity assessments and best interest

decisions were cross referenced with the medicine care plan. However, mental capacity assessments were not always in place for staff to administer medicines.

- ☐ Referrals were made to the Court of Protection for property and finance as appropriate. Where people were subject to continuous supervision and to reside at specific locations DoLS applications were made to the Local Authority but authorisation remain outstanding.

Staff support: induction, training, skills and experience

- ☐ The people that responded through questionnaires told us the staff had the right skills and knowledge to meet their needs. The relatives we spoke with said the staff were adequately trained and fully competent in caring for complex needs.
- ☐ New staff said they received an induction and had attended training set by the provider as mandatory. A new member of staff said the mandatory training attended included moving and handling, health and safety, safeguarding adults at risk and medicine competency. This member of staff said they shadowed more experienced staff to familiarise themselves with people's routines.
- ☐ The comments from staff about training was varied. Some staff said the training for new staff could be better. Staff told us the training was online which had to be undertaken at the agency office where the trainer was available for support. A member of staff told us they were the trainer in positive behaviour and delivered this training both internally to staff and externally.
- ☐ There were systems in place to discuss individually with staff concerns, personal development and training needs. One to one supervision notes showed staff had regular one to one meetings with their line manager although one member of staff said their supervision was not regular.

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

- ☐ We saw one person having a textured diet and with staff supervision they were independent with eating their meal.
- ☐ The eating and drinking care plan for one person was consistent with guidelines in place from a Speech and Language therapist (SaLT). The action plan gave staff clear guidance on how to support the person. Staff were responsible for preparing all meals and refreshments and were to be present when this person was having their meals and refreshments. There was guidance on food textures, the person's positioning and staff were to maintain monitoring records on food and fluid intake.

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

- ☐ There was documented evidence that people received support from external social and healthcare professionals when they are referred between, different services. There were copies of visits from Community Learning Disability Team (CLDT) which included Speech and Language therapists and Psychiatrists in care records.
- ☐ People also had visits from Community Psychiatric Nurses to support staff with managing behaviours when people became anxious. However, the outcome of visits were not always recorded.

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

- ☐ People were supported to attend appointments with health professionals where needed, including GPs and district nurses.
- ☐ Epilepsy management plans were in place for people that experienced seizures. Medicines were prescribed to manage one person's continuing seizures.

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- ☐ The comments from relatives we spoke with included "I am so impressed by [name] consistent compassion, calm and common sense" "I nominated [staff] as Gloucester Carer of the Year and [staff] won – we were all so thrilled". "They're brilliant - always putting him [name] first" "He's come so far since [name] moved to Fox Elm". "My son works 20hrs in the local [supermarket] so the carers help him with some personal care before he makes his own way to work. If he wasn't well, they'd phone the employer then let me know."
- ☐ The people who responded to questionnaires told us the staff were caring and kind to them. They said their care was delivered by familiar staff that were consistent.
- ☐ The staff we spoke with told us how people understood they mattered. A member of staff said people's reaction to their presence was confirmation they felt valued by them. Staff told us it was important for staff to be aware of the signs when people wanted to communicate with them which included physical and facial expressions. A member of staff told us that developing relationships with people was important. They said developing trust helped them gain people's acceptance to deliver care and treatment.
- ☐ Staff said they were compassionate towards people. A member of staff explained "[we] talk to people" and gave us an example "one person likes to tap staff on the shoulder. Accepting the person is not attacking them personally and [staff] recognise how they are feeling at time."
- ☐ The registered manager said the ethos of the organisation was that "we care for people as we wish to be cared for ourselves or a family member." The registered manager explained that there were policies and procedures to ensure the desired outcomes of Fox Elms was achieved. The views of people were gathered and staff performance was assessed and monitored. There were good working relationships with relatives and external agencies such as commissioners.

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

- ☐ An external organisation operated mainly by people living with disabilities and mental health undertook visits to five supported living locations. The people who undertook the visits had experience of services and were able to influence changes to benefit their lives and those in the wider community. The outcome in the reports showed the quality checkers would "be happy to be supported by this support provider". Within the reports were recommendations on how to improve services.

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

- ☐ The staff attended training that ensures people's care was person centred and completed the Care Certificate (agreed set of standards that sets out the knowledge, skills and behaviours expected the health and social care sectors). Staff told us how they ensured people's rights were respected. Staff told us the people living at their location were able to "say if they don't want the staff in their private space. Others enjoy some company from staff." A member of staff said that when they delivered personal care they ensured the care was provided in the person's preferred manner.
- ☐ The people, relatives and community professionals that responded to questionnaires told us staff respected people's rights particularly to privacy and dignity. However, not all staff agreed they respected people's rights.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ Care plans were mostly person centred and reflected people's physical, mental, emotional and social needs. Quality Assurance systems had identified that care plans needed to be more person centred. The staff told us they followed care plans and a member of staff said the "core of information is good but they are reviewing [them]." "Personal Introduction" profiles were being introduced which included information about the person, their preference including routines and how staff were to support them.
- ☐ Relatives told us the staff made efforts to respond to the various needs of people. Comments from relatives included "they keep me updated as needed and we do have formal meetings and there's a carers group". "[Name] used to text my son to ensure he had taken his meds but now he does it without prompting".
- ☐ The epilepsy care plan for one person detailed the risk, the types of seizure the person may experience, that staff supervision needed and prescribed medicines to manage seizures. For another person the Eating and Drinking care plan gives guidance on the texture of meals and the support needed from the staff.
- ☐ People had regular aromatherapy sessions, were supported on home visits and spent time in their garden areas. There were visits to coffee shops and meals out.
- ☐ The comments from relatives about the activities provided included "carers do an activity plan and an eating plan with [name]," Another relative told us the staff had arranged home visits while their family member was relocated temporarily to another location. Other comments from relatives included "staff take [name] swimming twice weekly" and "they take him for meals in town. He used to go bowling but recently he's found it too much – noisy and stuff – so they've stopped that. When he wants to buy CDs or DVDs the carers will take him into town" "They bring him home three times per week for a few hours, using the company car. They try to fit in with times that are suitable for me to have visit".

Improving care quality in response to complaints or concerns

- ☐ There were no complaints made at the service since 2017. The registered manager said there was a recent complaint made directly to CQC. The complaint was investigated by the registered manager and an action plan implemented on how to improve the care delivery people received.
- ☐ People, relatives and staff responded to our questionnaires about the management of complaints. While people said all staff responded to their complaints some people said they were not aware of the procedure

for making complaints. Some staff that responded said they would "I would feel confident about reporting any concerns or poor practice to my managers." The registered manager said at the time the questionnaires were sent there was low morale and these issues had been addressed.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- ☐ A registered manager was in post. The registered manager told us their style of management was "inclusive, open door and approachable." This registered manager stated "when necessary [I] will step back into the manager's role. There is a well organised group of staff." It was further explained that part of the role was to help staff develop and to be a role model.

- ☐ A member of staff told us the values of the organisation included "enabling people with complex needs to live a good daily life." The staff told us there was a presence from the management team at all locations. These staff said the teams were stable and they worked well together. A member of staff told us the new administrative team were more responsive. Another member of staff said the relatives of one person had thanked them.

- ☐ Relatives told us the agency was "well managed." Comments from relatives included "the managers are always on top of things. The rotas are excellent and the staff team get a lot of training."

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

- ☐ Systems were in place to assess and monitor the quality of service delivery. There were a range of internal audits on all areas of care and treatment people received. For example, repairs of the property, medicine systems and care planning. Action plans were in place on how shortfalls identified were to be met. External audits were also undertaken by commissioners and medicine suppliers and where appropriate recommendations were made on improvements.

- ☐ The staff received feedback from the management team which enabled them to know what actions to take. Team meetings and one to one supervisions were regular. There was a staff meeting with the registered manager in January 2019 to discuss transport during refurbishment.

- ☐ There were robust arrangements to ensure records were kept securely.

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

- The Quality Assurance report dated 2018 stated that questionnaires were sent to people, relatives and community professionals. However, there was a poor response from people. Where people responded their feedback was positive. Relatives, social and healthcare professionals gave good feedback and the analysis indicated the agency was well managed.

- We discussed with the registered manager the feedback we received through questionnaires from people, relatives and community professionals. The registered manager said that at the time the questionnaires were sent morale was low. For example, changes of staffing hours and CQC registrations. This registered manager said "things are more settled and consistency is better".

Continuous learning and improving care

- This registered manager said they had joined forums such driving quality group and safeguarding board. The registered manager said there was working partnerships with commissioners and currently were being supported to "enhance report writing and documentation".

- The staff had access to good practice guidance and there was leaning from events. The registered manager said where staff showed passion in particular areas they were designated lead roles. Staff with lead roles had access to specific training which they then cascaded to other staff.

- The registered manager told us "I think about the future a lot. I would rather develop staff that will take the agency forward." This registered manager explained the providers had an ethos of "growth comes from within" and progression was an area that was being promoted. Two staff were being supported with their personal development and were undertaking vocational qualifications to level five.

- Staff retention and recruitment had been a challenge and for the past 24 months external agencies were used to maintain staffing levels. The steps taken to recruit more suitable staff included open days, job fairs and networking with other agencies. Exit interviews were offered and the reasons for leaving included staff development and other working experienced. The registered manager said that although staff had resigned some had returned.

Working in partnership with others

- The registered manager said there was good working relationships with the Community Learning Disabilities Team (CLDT), Wiltshire commissioning and Power Advocacy group.

- There were community professionals that responded to surveys and some agreed the agency was well managed