

Fox Elms Care Limited

# Fox Elms Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Fox Elms Care Ltd was acquired by Voyage Care on 2nd July 2019, and is a domiciliary care service providing personal care to those with a learning disability or complex needs in their own homes or a supported living setting.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection 56 people were receiving personal care.

The service was managed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People's opportunities to follow their goals and live as full a life as possible had been impacted by COVID-19. The service had reviewed restrictions on people's activities and movements in line with national guidance and additional internal activities had been set up to ensure people were protected from feelings of isolation.

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

Some improvement was needed in record and incident monitoring to achieve greater safety and consistency, and have made recommendations regarding the review of people's care and support plans and the providers safety incident reporting process.

Processes and systems had been introduced to help better monitor the quality of services provided, however, we found that people's support plans and risk assessments had not always been reviewed to reflect people's current needs and levels of risk. More time was needed to ensure that the systems introduced would be effective in driving improvement to the service and whether these would be sustained.

People receiving care told us they felt safe and that they would report any concerns to a member of staff. Staff were knowledgeable about local safeguarding procedures and knew how to raise safeguarding concerns. However, the provider informed us during our inspection that there had been three safety incidents that had not been reported appropriately. The provider told us they were taking immediate action to investigate this to reduce the risk of this reoccurring and would report these safety incidents to the relevant agencies without further delay.

Staff had received training and support, and the service had various methods of communicating with staff in order to keep them updated and informed. Staff had mixed views on the culture of the home, indicating that they did not always feel valued. However, one newer member of staff told us they had felt very well supported by the provider and its leaders and told us they would definitely recommend Voyage care as an

organisation to work for.

Staff responsible for administering people's prescribed medicines had received training and competency assessments. During our inspection we found that people had received their medicines as prescribed. The provider was investigating and taking action to address recent medicine administration errors.

People had access to healthcare professionals and staff communicated effectively with these professionals to aid consistent care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

At the last inspection in February 2019 the service was rated as good (report published 2 April 2019).

#### Why we inspected

A focused inspection was completed due to concerns received about medicines management and the quality of people's care. A decision was made for us to inspect and examine these concerns.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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. 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

The inspection team consisted of two inspectors.

#### Service and service type

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

The service had a manager who 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. On this occasion the registered manager was not present during our inspection. The inspection was supported by a variety of operational leaders from Fox Elms Care Ltd.

#### Notice of inspection

This inspection was announced. Due to pressures from COVID-19 we gave the service 24 hours' notice of the inspection. This was to ensure that people and staff would be available during the inspection and to ensure people's relatives could agree to be contacted by the inspector via telephone as part of our inspection. Inspection activity started on 6 October 2020 and ended on 8th October 2020.

#### What we did before the inspection

We reviewed the information we held about the service since the last inspection. We reviewed information we had requested from the service's operational leadership team in relation to the service's infection prevention and control arrangements and pandemic contingency plan. We used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the

service does well and improvements they plan to make.

During the inspection

On 6 October 2020, we visited two supported living homes. We spoke with the service's operational manager and the service's deputy manager. We spoke with two people and four care staff. We reviewed eight people's care records and a variety of medicine administration records.

On the 7 October 2020 we visited the offices of Fox Elms Care Ltd. We looked at six staff files in relation to staff recruitment and a variety of records relating to the management of the service. We spoke with the operational manager and a regional support manager.

On the 8 October 2020 we visited a third supported living location. Here, we reviewed a variety of medicines records, three people's care records and spoke to a member of staff. We also spoke with the relatives of two people by telephone.

After our site visit

We reviewed a number of documents provided to us by the service to validate the evidence found.



# 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 as requires improvement. 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.

Assessing risk, safety monitoring and management

- Risk assessments, care plans and behaviour plans were in place to guide staff in understanding the needs of the people they were supporting, but further work was needed to ensure that these plans were regularly reviewed and kept up to date with the most recent information and guidance in relation to the support required to keep people safe.

We recommend that the provider reviews their system for reviewing and updating people's plans of care and support to ensure that these contain information that is up to date and reflect the current health and support needs of people.

- The supported living locations we inspected were clean and people were protected from the spread of infection. In one location, the front garden area was not tidy. There was used equipment such as a mattress and household appliances left in the garden which could pose a trip hazard to people, staff or visitors. We discussed this with the deputy manager who told us that operational leaders would ensure this equipment was removed as soon as possible.
- People and their relatives told us they felt safe and staff said they felt people's care was safe. One person told us, "I feel safe. I would talk to whoever is on shift if I wasn't happy."
- Staff we spoke knew people well. One staff member told us "We are a well-established staff team, I think the people we look after are kept safe." Another member of staff told us about important aspects of a person's behaviour plan and how this kept the person safe. They said, "One of the service user has routines that are important to him. We need to be patient with them and allow them to follow their own routine."
- People's ongoing mental health needs had been met. During our inspection one person had a mental health review with a mental health professional. We spoke with the person following this meeting and they told us they had received ongoing effective support for their mental health needs. They told us, "I get some really good support from the mental health team. I have had a mental health worker for 10 years."

Systems and processes to safeguard people from the risk of abuse

- A process was in place to ensure that all incidents and safeguarding concerns were reported to and investigated. However, during our inspection the provider told us that there had been three safety incidents between people that had not been reported appropriately. This placed people at risk as the provider could not check whether people had been supported safely and if any learning was needed to prevent incidents happening again. The provider took immediate action to investigate and ensure people were safe.

We recommend that the provider reviews their safety incident reporting process to ensure it was always effective.

- Staff had attended safeguarding training and there was a safeguarding policy and process in place. Information on who to contact in the event of a concern was on display. Staff all reported feeling confident in identifying and reporting abuse. One staff member said, "I attended face to face safeguarding training. Safeguarding is following protocols to keep safe. I would inform a line manager if I felt something was wrong."

#### Using medicines safely

- Although during our inspection, records showed that people had received their prescribed medicines as required, the operational leadership team at Fox Elms Care were still working to an action plan in response to medicines that had not always been managed safely. At the time of our inspection, investigations into three recent medication errors and discrepancies with medicines stock were being conducted by the service.
- Newly introduced systems for the auditing of medicines, in particular the stock of medicines had been introduced due to medicines errors occurring over recent months. More time was needed to evaluate whether these additional checks had had the desired effect in reducing medicines errors within the organisation over time.
- Peoples medicines were stored securely and there was a system to ensure staff who administered medicines had been trained and their competency assessed.
- There was a clear policy and procedure in place in relation to the use of PRN (as required) medicines. For example, this meant that if people required pain relief, this could be administered safely and effectively to the person.

#### Staffing and recruitment

- The provider's recruitment process was robust to ensure skilled and experienced staff were employed at the service. Pre-employment checks were completed on staff before they came to work at the service. The checks included conduct in previous roles, right to work in the UK, proof of identity and a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services.
- Staff rotas indicated sufficient numbers of staff were available to ensure people's needs were met. Staff feedback about staffing was mixed, however, every member of staff we spoke with told us there were enough staff on duty to keep people safe.
- Staff new to the service told us that the induction process had been supportive and well structured. One member of staff told us, "I would definitely recommend Voyage care as an organisation to work for. They have done their very best to support me as a new member of staff. I have been supported to complete online training as part of my induction."

#### Preventing and controlling infection

- The provider had robust policies and clear processes in place to protect people from the risk of COVID 19. People were supported to have their temperatures checked daily to help manage potential risks to people.
- We saw that staff were wearing the appropriate amount of personal protective equipment when supporting people. During our visit staff were wearing face masks when in communal areas. Visiting professionals were required to have a temperature check on arrival and were also required to wear face masks when in the building.
- The provider has ensured there was a surplus supply of PPE in case of a second wave of COVID 19 or in the event of winter flu.



#### Learning lessons when things go wrong

- There was a clear ethos of continuous learning in the service. The provider and operational managers were open and welcoming and responded well to our feedback.
- Operational leaders could show us where the service had learned where things had gone wrong. There was a clear action plan in place to address areas that required improvement.
- Where things had gone wrong the provider had responded appropriately to requests for information from the local authority and CQC.

# 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 remained as requires improvement. This meant the service management and leadership was inconsistent.

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

- Fox Elms Care Ltd was acquired by Voyage care in July 2019. As part of this change of ownership, new structures in relation to leadership were created. Under this new leadership structure, the services visions and values were being reviewed with a focus on person centred care and developing a culture that is fair and open.
- Feedback from staff was mixed and a number of staff expressed concerns about staff morale and that they at times found the new way of working challenging.
- People's relatives and staff also spoke about the need for consistency in management at the service. One person's relative told us, "There have been a few issues since the change of ownership and its taking some time to get things sorted. The frequent management changes are disconcerting."
- Although the provider had plans in place to support the development of team work; more time was needed before we could judge these plans to be effective in improving and maintaining staff morale and service culture.
- A number of staff across the service had left since the change of ownership. Recruitment into a number of staff and leadership posts was ongoing. The provider informed us of the plans they had in place to improve and maintain the continuity of the service people received.
- The service had processes for communicating with and involving staff through one to one supervision and team meetings. During our inspection we reviewed recent team meeting minutes from two of the supported living locations we visited. A member of staff told us that they had attended these team meetings. They said, "We have staff meetings every two weeks and the manager is always present."

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

- In some areas (such as the auditing of care plans), these checks had not always been fully effective in identifying shortfalls in people's records to ensure they remained up to date and reflective of people's needs. Improvement was also needed in monitoring the effectiveness of the service's safety incident reporting system to ensure incidents were always reported and notified when needed. The provider took immediate action to strengthen their monitoring, however more time was needed before we could judge these plans to be effective in improving these areas.
- The provider and operational leaders worked to ensure the effective day-to-day running of the service. There were arrangements in place to provide an "on-call" system for staff when managers were not on site

or out of office hours.

- The provider understood their responsibility to be open and honest when incidents had occurred. They demonstrated this throughout the inspection and ensured that where things had gone wrong our inspection team were informed.

#### Continuous learning and improving care

- The provider had recently installed a new system to ensure staff hours and skill set matched the needs of people. Operational leaders were confident that this new system would improve the consistency of support for people and ensure that staff with the right mix of skills were allocated to the right people. As this system was newly installed more time was needed to ensure its effectiveness.
- The provider had a service improvement plan in place which identified areas for development. Over the last few months the provider had made significant progress in completing actions identified, although more time was needed to ensure that all actions identified were completed.
- The provider had a comprehensive set of policies and procedures. We saw these reflected current legislation and good practice guidance. These were made available to staff via paper copies held in the office and via electronic systems.

#### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had a number of ways to engage with people using the service. Organisational leaders told us about a recent [prior to COVID 19] event called "growing together" and was created to ensure people supported by Fox Elms Care Ltd could provide feedback on nutrition. The event involved people choosing different food items and selecting photo cards that related to the things that they had tried and liked. They then took these cards back to their service to show support staff their preferences so these could be purchased.
- We saw evidence that the service worked closely with key organisations such as the GP practice, district nurses and other health professionals. Records we reviewed showed that people at the service were referred appropriately to health professionals and that staff followed the advice and treatment suggested for individuals.
- Relatives we spoke with told us they felt involved in their family's care. A person's relative told us, "I get regular feedback from carers and managers."