Foxglove Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection of Foxglove Care Limited took place on 24 and 29 August 2017 and was unannounced. At the last inspection in July 2015 the service met all of the regulations we assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that inspection the service was rated 'Good'.

At this inspection the service remained 'Good'.

Foxglove Care Limited at 96-98 Church Street, Sutton is a typical farm house style building in a residential area to the north of Kingston-Upon-Hull and is owned by Foxglove Care Limited. It is registered to provide accommodation for up to three people who may have a learning disability or autistic spectrum disorder. It has three bedrooms, a lounge, a dining area and a kitchen. The service is located close to local shops and amenities and there is easy access to public transport. At the time of this inspection there were three people using the service.

The provider is required to have a registered manager in post. On the day of the inspection there was a registered manager. However, they had been absent for a period of time and so the service was being managed by an acting manager, but this was soon to be resolved. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of harm because there were systems in place, staff were trained in and understood their responsibilities for managing safeguarding concerns. Risks were reduced so that people avoided harm.

The premises were safely maintained. Staffing numbers were sufficient to meet people's needs. Safe recruitment systems ensured staff were suitable to support people. The management of medicines was safe.

Staff were qualified and competent. They were regularly supervised and their personal performance was checked at an annual appraisal. Communication was effective.

People's mental capacity was appropriately assessed and their rights were protected. 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 with nutrition and hydration to maintain their health and wellbeing. The premises were suitably designed and furnished for providing care and support to people with a learning disability.

People were compassionately cared for by kind staff that knew about people's needs and preferences.

Relatives were fully involved in their family member's care and people were asked for their consent before staff undertook support tasks. People's wellbeing, privacy, dignity and independence were respected.

Person-centred care plans reflected people's needs and were regularly reviewed. Pastimes and activities were encouraged and people developed their living skills with support from staff. People had very good family connections and support networks. An effective complaint system was used and complaints were investigated without bias. People and their friends and relatives were encouraged to maintain relationships of their choosing.

The service was well-led and people had the benefit of a friendly culture and a positive management style. Systems were in place for checking the quality of the service. People made their views known through their own methods of communication. People's privacy and confidentiality were maintained as records were held securely in the premises.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Foxglove Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

The inspection of Foxglove Care Limited took place on 24 and 29 August 2017 and was unannounced. One Adult Social Care 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. Their area of expertise was in learning disability.

Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also received feedback from local authorities that contracted services with Foxglove Care Limited and reviewed information from people who had contacted CQC to make their views known about the service. We had also received a 'provider information return' (PIR) from the registered provider. A PIR 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 spoke with two people that used the service, two relatives and the acting manager. We spoke with three staff that worked at Foxglove Care Limited and the operations manager. We looked at care files belonging to three people that used the service and at recruitment files and training records for three staff. We viewed records and documentation relating to the running of the service, including those on the quality assurance and monitoring, medication management and premises safety systems. We also looked at equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas of the premises and we observed the interactions between people that used the service and staff. We looked around the premises and saw communal areas and people's bedrooms, after asking their permission to do so.

Good

Is the service safe?

Our findings

People indicated to us that they felt safe living at Foxglove Care Limited. This is because one of them answered our questions 'Are you happy here?' and 'Do you like the staff that look after you?' with a positive response and others were calm, relaxed and moving around the service freely and at will. Relatives we spoke with said, "[Name] is safe and very much likes where they live" and, "Staff are keeping [Name] safe, though they have had some falls lately. These are being investigated, but I can't help worrying about it."

Safeguarding incidents were appropriately managed and staff were trained in safeguarding people from abuse, which we evidenced from referral documentation and staff training records. Staff demonstrated knowledge of their safeguarding responsibilities. Formal notifications were sent to us regarding incidents, which meant the registered provider was meeting the requirements of the regulations. Risk assessments were in place to reduce people's risk of harm from, for example, falls, poor positioning, scalds, moving around the premises, inadequate nutritional intake, choking and the use of bed safety rails. All of this ensured that people who used the service were protected from the risk of harm and abuse.

Premises maintenance safety certificates were in place for utilities and equipment used in the service, and these were up-to-date. They covered , for example, fire, gas and electricity. People had personal safety documentation for evacuating them individually from the building in an emergency and general emergency contingency plans were in place.

We evidenced that accident and incident policies and records were in place for any untoward situation. Records showed that these were recorded thoroughly and that action was taken to remedy or resolve any issues and prevent accidents or incidents re-occurring.

Staffing rosters corresponded with the staff members that were on duty during our inspection. Relatives told us they thought there were enough staff to support people with their needs, as each person had a specified number of hours per day when they received one-to-one support. One relative said, "Everyone at the home has one-to-one support and this is always provided. It is good because it means people have the attention they need and can get out whenever they want to". Staff explained that they covered each other when necessary for holidays and found they had sufficient time to carry out their responsibilities to meet people's needs.

Recruitment procedures ensured staff were suitable for the job. Job applications were completed, references requested and Disclosure and Barring Service (DBS) checks were carried out before staff started working. A DBS check is a legal requirement for all staff. It checks if they have a criminal record that would bar them from working with these people. It helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Recruitment files contained the required documentary evidence to show staff were suitable for their roles, which protected people from the risk of harm.

Medicines were safely managed within the service and medication administration record (MAR) charts were

accurately completed. Medicines were obtained in a timely way so that people did not run out of them, stored safely and administered on time. They were recorded correctly and disposed of appropriately. One relative said, "Medicines are done by the staff. I have no worries." There were no controlled drugs held in the service (those required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001).

A newly obtained monitored dosage system (a monthly measured amount of medication provided in individual packages and divided into separate daily doses) allowed for the administration of medicines at specific times. The pharmacist had incorrectly noted the times for people to take their medicines and so these had been amended by staff on the record, who explained they were working with the pharmacist to ensure the errors would be corrected for future dispensing.

Good hygiene and infection control practices were in place and used: health care waste was managed, laundry was safely handled, food was probed for correct temperatures, fridge/freezer temperatures were checked, cleaning rosters recorded the night time cleaning regimes and staff were trained in food hygiene and infection control and management. These measures ensured people were protected from the risk of infections.

Good

Is the service effective?

Our findings

People told us they liked the staff very much. We observed very good relationships between people and their one-to-one support staff. People were given lots of time and support from staff.

Staff received the training and experience they required to carry out their roles. A company director completed 'train the trainer' courses and delivered some of the training in an external venue, so that staff could concentrate away from the service. Other training was delivered by training companies or completed on-line. A training record was used to review when training was required or needed to be updated and there were certificates held in staff files of the courses they had completed.

Staff received induction to their roles, regular one-to-one supervision and took part in a staff appraisal scheme. Induction mirrored the Care Certificate, which is a set of standards that social care and health workers follow in their daily working life as recommended by Skills for Care, a national provider of accreditation in training.

When we asked relatives about communication between them and staff or the management team, one said, "It is usually very good, but any minor problems I have come across have always been resolved quickly" and, "I do get to know about most of [Name's] circumstances and how they are." Another relative said, "I had a couple of instances where staff communicated poorly, which meant [Name] missed a visit to me once and personal information was divulged in public another time. But I talked to them (staff) about it and it's never happened again." Staff used a daily handover system, a communications book and telephone calls to share information with each other and relatives, which meant that people were more likely to have their needs consistently met.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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 were being met and found there were no concerns. People had best interest documentation which included decisions regarding, for example, voting, being monitored at night, use of locks on shower doors and on food cupboards, using vehicles and taking holidays.

We observed people being asked about their support needs and encouraged to maintain independence where possible and we saw that staff respected people's decisions to consent or not to their offers of help.

Staff met people's nutritional needs because they checked people's dietary likes and dislikes, allergies and

medical conditions. Staff sought the advice of a Speech and Language Therapist (SALT) when needed. People ate three meals a day plus snacks and drinks when requested and efforts were made to ensure choices on offer were healthy. Nutritional risk assessments were in place where people had difficulty swallowing or where they needed support to eat and drink. Menus were devised with the consent of people that lived at Foxglove Care Limited. Relatives told us their family members were involved in menu planning where possible and menus usually revolved around people's likes. They said people were given choices, but only ate what they liked.

People were supported with their health care needs. Staff consulted people and their family members about medical conditions and liaised with healthcare professionals. Information that was held in health action plans was reviewed with changes in people's conditions and needs. Staff told us that people could see a doctor, district nurse, chiropodist, dentist and optician on request or when problems presented. Health action plans and diary notes confirmed when people had seen a professional and the reason why. They contained guidance on how to manage people's health care, recorded the outcome of consultations and the support that had been provided.

The premises were appropriately adapted for people that used the service with regard to their learning disabilities and physical needs. The building was three storey with offices on the ground floor and the residential home on the first and second floor. Both facilities had separate entrances. Stairs led to the first floor where people shared a lounge, dining room, kitchen and quiet room. One bedroom with en-suite bathroom was also sited here, while two others, also with their own bathroom facilities, were sited on the second floor. There was also an office on the second floor.

Good

Is the service caring?

Our findings

People were seen to be getting on very well with the staff and each other. One told us, through their one-to-one support worker, that they liked their house mates and often went out with one of them. We observed some friendly and caring interaction between the people and staff at Foxglove Care Limited. People were comfortable with tactile support and liked to be in close proximity to staff. They shared their likes with everyone by showing them their possessions. Relationships were developed because of people's willingness to engage and staff efforts to enable people to lead active lives. People and staff shared in activities of daily living and social entertainment.

Relatives told us that, "Staff are very caring. [Name] gets on really well with them" and, "I'm involved with all the assessments, reviews and care planning for [Name]. I can talk to the staff and manager if I'm concerned about anything. I can't fault the care."

We saw that staff offered people time and support with their individual needs and encouraged a calm and relaxed approach to each task, so that people were fully involved and enabled to make decisions. Everyone had planned to go out for part of the day on their chosen activities and were getting ready to do so as we arrived for the inspection. The atmosphere was relaxed and people were doing everything at their own pace. We saw that staff knew people's needs well and were thoughtful when they offered them the support they needed.

People were supported with their general well-being and staff encouraged them to engage in activities, show interest in daily life and be involved in the community. People led very busy lives, which was corroborated by their relatives. One relative told us, "[Name] always has plenty to do and places to go. They attend regular daily events and are planning a holiday." People were extremely positive about their lives and so their well-being was well maintained.

Everyone living at Foxglove Care Limited had relatives to represent them, but the service maintained information about the 'Rights and Choices' advocacy group that was available to them if required. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them.

Relatives told us that people's privacy, dignity and independence were respected. They said, "I've only ever seen [Name] receive personal care in their bedroom. Staff are very good" and, "I have no concerns regarding confidentiality of information or with how well people are treated when they need personal support." People were only supported with personal care in the privacy of their bedrooms or bathrooms and staff respected confidentiality codes with regard to information holding and sharing.

Good

Is the service responsive?

Our findings

Relatives we spoke with felt their family members' needs were being appropriately met. They talked about how people were supported with daily living needs, activities and safety. They said staff had established some good relationships with people and supported them well. We saw that all three people were given time to make their own decisions, get ready for the day, engage in interactions and prepare to go out. Arrangements for people's daily preferences and activities were recorded within their care files and support plans.

Care files and support plans reflected people's needs, were person-centred and contained relevant information on how best to support them. Personal risk assessment forms showed how risks to people were reduced, for example, with falls, moving around the premises, nutrition, use of the kitchen, sharps and chemicals, bathing and accessing the community on foot or via motorised transport. All documentation was reviewed monthly or as people's needs changed.

The service had not yet fully embraced the use of positive behaviour support (PBS) with regard to people's whole lifestyles, although this was used to target already known issues. This is a person centred framework for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge. It is a blend of person centred values and behavioural science and uses evidence to inform decision-making. Behaviour that challenges usually happens for a reason and may be the person's only way of communicating an unmet need. PBS helps staff understand the reason for the behaviour so they can better meet people's needs, enhance their quality of life and reduce the likelihood that the behaviour will happen.

The PBS approach was used for specific concerns. It started with a local authority assessment document called 'My Life, My Way' and followed on with the service's own adaptation of another authority's support plan format. These support plans used a practice based tool for identifying areas of concern and de-escalating anxieties. This helped staff working with people who may become distressed to identify and prevent their distress escalating into behaviour that may be harmful or destructive. For example, one person's support plan clearly explained how they might become upset, why and how to avoid that happening.

Activities were a part of daily life and included many visits out in the community as well as craft sessions and coffee mornings at a local hired church hall. People accessed local attractions and those in Hull City centre or took trips further afield to the coast and other towns. People told us they liked going out. They had their own electronic equipment (mobile telephones, pads, laptops, music players and televisions) and used these to good effect. One person had their own car and often invited a peer on outings with them. Everyone undertook activities accord to their preference, while being fully supported by staff.

One person had a holiday booked and was visiting an historic site, while another person was going shopping and out for lunch. Pastimes included walks, music groups, social club and garden/craft centre sessions. People listened and danced to music, held beauty/pamper sessions and 'surfed' the internet for favourite

sites. People determined their own daily activities and staff supported.

Staff respected people's choices with food, pastimes, when they got up or went to bed or showered and encouraged them to make decisions and take control of their lives. They respected relationships and supported people to keep in touch with family and friends. They encouraged people to remember family birthdays and anniversaries and to attend celebrations. Relatives told us they were made very welcome and could visit at any time.

A complaint policy and procedure was in place, which relatives told us they had been informed about. They said that while niggles had been addressed they had not needed to make any serious complaints recently. Records showed that complaints were handled within timescales and written explanations and apologies were issued. One person told they knew what to do if they were unhappy and staff explained people's ways of communicating their dissatisfactions. Staff understood their responsibilities regarding the complaint procedure and had a positive approach to addressing issues as they had people's best interests at the forefront of their support. Compliments took the form of letters and cards.

Good

Is the service well-led?

Our findings

Relatives we spoke with felt the service had a pleasant, friendly and family orientated atmosphere, where people were offered every opportunity to lead fulfilling lives. Staff we spoke with said the culture of the service was, "Busy, enjoyable, active and positive."

There was a registered manager in post though they had been absent from their duties for several months. Information from the director of the organisation revealed this would soon be resolved using the organisation's policies and procedures, although it was not known if or when the registered manager would be returning. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service was being managed in the interim by an acting manager, supported by the operations manager, at the time of our inspection.

The management style of the acting manager and operations manager was open, inclusive and approachable. Staff told us they found the management team to be supportive and reliable. Staff were not fully aware of any organisation visions and values and these were not displayed or advertised on a company website, because this was still being developed. The service rating was not advertised electronically either, but it was displayed in the entrance to the building. None-the-less, staff followed an unwritten code of conduct and behaviour that added to the reasons why the rating was 'Good'. This was based on the values of patience, understanding, encouragement and achieving potential.

People maintained links with their local community by being as involved as possible in village life. They joined in with using the local church facilities and frequented local shops and businesses. Relatives maintained good connections with people and were important in their lives. Relatives visited often and sometimes shared in people's social events: birthday and seasonal celebrations, for example, when appropriate.

Foxglove Care Limited had systems in place for monitoring and quality assuring the delivery of the service. Quality audits were completed on a regular basis and annual satisfaction surveys were issued to people, relatives and health care professionals, across the organisation. Although information was collated and used to produce action plans for improvements to the organisation's service delivery and changes were made, those that contributed were not informed. The director of the organisation assured us that the annual report would be given to people as feedback.

A six monthly company magazine was produced in which service users featured regarding their development and achievements. This was internal only but family members were given a copy and therefore kept up to date with events and milestones in people's lives.

Records regarding people that used the service, staff and the running of the business were held on the premises. These were in line with the requirements of regulation and we saw that they were appropriately

maintained, up-to-date and securely held.

These included monitoring charts to check on behaviour and health issues. However, discussion followed regarding the information held on one person's body maps following discovery of injuries. There was insufficient detail to show that action had been taken promptly to cross reference the injuries with any known accidents. Where these could not be cross referenced safeguarding questions had not been considered. The acting manager addressed this on the second day that we visited and produced information that showed safeguarding was looked at but deemed unnecessary. They assured us that any future incidents would follow the questioning process more quickly.