Foxglove Care Limited

Foxglove Care Limited - 14 Church Road

Inspection report

14 Church Road
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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

Overall summary

This inspection took place on 11 August 2015 and was an announced inspection. Due to the size of the service the people living in the service and the manager may have been unavailable if the visit was unannounced. We therefore gave the service short notice of our visit.

We previously visited the service on 4 December 2014 and we found that the registered provider did not meet the regulations we assessed. There was a breach of Regulation 20 of the Health and Social Care Act 2008, and a breach of Regulation 10 of the Health and Social Care Act 2008. The 2010 regulations were replaced by the 2014 regulations on 1 April 2015. Therefore regulations 20 and 10 were both replaced by regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Summary of findings

14 Church Road is a bungalow in a residential area of the city of Hull. It has two bedrooms, a lounge, a dining area and a kitchen. It provides a service to a maximum of 2 younger adults with autism or learning disability.

The registered provider is required to have a registered manager in post. On the day of the inspection there was a manager registered by the Care Quality Commission (CQC); 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.

We found that people were protected from the risks of harm or abuse because the registered provider had effective systems in place to manage issues of a safeguarding nature. Staff were trained in safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm.

Staff had been employed following the service's recruitment and selection policies to ensure that only people considered suitable to work with vulnerable people had been employed. We saw that there were sufficient numbers of staff on duty to meet people's needs.

Medicines were administered safely by trained staff and the arrangements for ordering, storage and recording were appropriate.

People's nutritional needs had been assessed. We saw there was a choice available at mealtime and we saw that people had been consulted about food and drink .

People had individual care records, which focused on them as a person. We saw that people could choose how they spent their time. The care we observed throughout our visit demonstrated a real person centred ethos.

There had been no formal complaints made to the service during the previous twelve months but there were systems in place to manage complaints if they were received.

Staff told us that they thought the service was well led. The quality audits undertaken by the service were designed to identify any areas of improvement to staff practice that would improve safety and the care provided to people who lived at the service.

Summary of findings

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 safe.

Staff had received training on safeguarding adults from abuse and moving and handling, and the arrangements in place for the management of medicines were appropriate.

Recruitment checks were completed before staff started work to ensure that they were safe to work with vulnerable adults.

We saw that sufficient numbers of staff were employed to meet the needs of people who lived at the service.

Good

Is the service effective?
The service was effective.

Staff undertook training that equipped them with the skills they needed to carry out their roles.

We found the provider to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People were given adequate nutrition and their health care was monitored

Good

Is the service caring?
The service was caring.

People were supported by kind and attentive staff. We saw that care workers showed patience and gave encouragement when supporting people.

People's individual care needs were understood by staff, and people were encouraged to be as independent as possible, with support from staff.

We saw that people's privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive.

People had detailed care records in place and the staff delivered person centred care to people.

People were able to make choices and decisions about aspects of their lives. This helped them to retain some control and to be as independent as possible.

There was a complaints procedure in place and we were confident that any complaints received by the home would be dealt with in a satisfactory manner.

Good

Is the service well-led?
The service was well led.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their registered manager.

Good

Summary of findings

Quality audits were being carried out to monitor that the systems in place were being followed by staff to ensure the safety and well-being of people who lived and worked at the service.

Foxglove Care Limited - 14 Church Road

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 is 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.

The inspection took place on 11 August 2015 and was conducted by two adult social care (ASC) inspectors from the Care Quality Commission (CQC). The provider was given 24 hours notice because the location is a small care home for younger adults who are often out during the day; we needed to be sure someone would be in.

Before this inspection we reviewed the information we held about the service, which included notifications we had received from the registered provider and information we had received from the East Riding of Yorkshire Council (ERYC) commissioners and safeguarding team. The service had not been requested to submit a provider information return (PIR) prior to the inspection. A PIR is information the provider sends us which tells us some key information about the service, what the service is doing and well and any improvements they plan to make.

During the inspection we spent time in a communal area observing interactions between people who used the service and staff and we spoke briefly with one person using the service. We also spoke with the team leader and one care staff. We reviewed files for one person living in the home, reviewed recruitment files and training records for three staff and looked at various other records relating to the management of the service.

Good

Is the service safe?

Our findings

During the inspection no one living at the service chose to discuss with us if they felt safe. However, we observed people appeared relaxed and contented with the staff in the service.

Through discussions, the team leader was able to demonstrate a good understanding of reporting safeguarding allegations. We spoke with care staff who were clear about the action they would take if they received an allegation or observed an incident of abuse. They told us, "changes in someone's behaviour or mood can indicate abuse or it can be physical, sexual or financial. I would report to my manager or contact the safeguarding team." We saw a log book that contained a safeguarding policy, referral forms and a risk assessment tool. In addition there was an 'easy read' pictorial information booklet entitled 'What is safeguarding'. Information we held about the service showed that CQC had received no notifications in the last 12 months. Evidence from the training plan / record and certificates in the staff files showed that staff had completed safeguarding of adults training. This meant people that used the service were protected from harm.

We saw that incidents around behaviour that challenged the staff and others who used the service were documented in one person's care file as part of their behaviour monitoring records. These were reviewed regularly, and recorded in the accident report book. We were able to link these with daily records and body maps for the person.

We saw the service had a policy for 'restrictive physical interventions and restraint' that set out the legislation and best practice guidance which was up to date. We saw that staff had completed training in 'behaviour that may challenge' and 'non-abusive psychological and physical intervention'. We spoke with the team leader who confirmed, "We may use minimal restraint for example, if a person was going to run into the road we would stop them and each staff member uses different techniques to distract behaviour that may challenge." Another staff member told us, "I ask if the person is ok and always give the person their own space." People who used the service received input from health and social care professionals as needed. This helped reduce the risk of harm to people who used the service.

We saw that care plans listed the risks associated with the person's care. These included managing behaviour and activities outside of the home. The level of risk had been identified and risk assessments were reviewed every six months to ensure they were still relevant to the person. We saw accidents and incidents were being documented appropriately and action taken as needed. This meant people had support to help them keep safe.

Maintenance certificates were in place and up to date for the service. These records showed us that agreements were in place which meant equipment was regularly checked and serviced at appropriate intervals. The equipment included, portable electrical items, fire alarm systems, electric, gas and water installations. There were no hoists or lifts in the service as people who used the service were independently mobile with no assistance required with moving or handling.

The fire risk assessment was reviewed in January 2015. We saw that fire evacuations were completed every three months. On the day of the inspection the team leader was testing the smoke alarms in the home. We saw fire instructions in an 'easy read' format in the entrance to the home. This helped to ensure the safety of people who used the service.

We looked at the recruitment files for three staff and one had recently been recruited by the service. Files included application forms, references, interview questions, terms of employment and an induction checklist. Checks were made with the disclosure and barring service (DBS). These checks ensure that people who used the service are not exposed to staff who are unsuitable to work with vulnerable adults.

We saw there was one care staff and one team leader on duty on the day we inspected. We were given a copy of the duty rota that showed the usual numbers of staff on duty: one care staff each morning and afternoon and one waking staff at night. At times two staff would be on duty to offer additional support for activities, for example, going out into the local community. This meant the duty rotas were designed around individual needs.

We looked at how medicines were managed within the service and checked one person's medication administration record (MARs). We saw that medicines were appropriately requested, received, stored, recorded, administered and returned when not used. For example,

Good

Is the service safe?

we found that medication was stored in locked cupboards only and the temperature was taken regularly. We noted one minor issue of a missed signature on the MARs that had been picked up in the weekly medication audit and written about in the staff communication book. This had been reported to the registered manager. This meant there were systems in place to manage medicines safely.

The service used a monitored dosage system. This is a weekly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. Staff were able to describe to us how the people at the service liked to take their medicines. Evidence in staff files and the training record showed that staff were trained to administer medicines. This helped to make sure people were supported by appropriately trained staff.

Good

Is the service effective?

Our findings

Staff were able to give us information about people's needs and preferences which showed they knew people well. A staff member told us, "I know the people very well, I have read all their support plans and got to know their routines, for example, I know one person loves baking and doing puzzles and we do these together."

Another staff member was able to describe to us people's medical needs and diagnoses in great detail. We saw evidence people's health needs were assessed and they were receiving support from health care professionals such as opticians, dentist, epilepsy nurse and dietician. All visits were recorded in the professional visitor's record and the health action plan section of the people's care files. We saw that people had patient passports in place; these are documents that people can take to hospital appointments and admissions with them when they are unable to verbally communicate their needs to hospital staff. Those we looked at had information about the person's health, support needs and current medicines.

We looked at induction and training records for three members of staff to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for people who lived at the home. We spoke with one staff about their experience of the induction training. They told us they had completed the Skills for Care 'common induction standards' and we were able to verify this in their records. They told us they had completed one week of training and shadowed a more experienced staff member.

We saw that staff had access to a range of training both essential and service specific. One staff member told us they had completed essential training including health and safety, medicines and safeguarding. Records showed that staff had completed other essential and service specific training including food hygiene, first aid, fire, moving and handling, mental capacity act, values and autism. Training records also evidenced that one care staff was working towards a National Vocational Qualification (NVQ) and that the registered manager and two other care staff had achieved NVQ in Levels 2, 3 and 4.

One care staff told us they had supervision meetings and appraisals with the team leader and we were shown the supervision 'at a glance' plan that indicated sessions took place every eight weeks. This was confirmed by the records we looked at. The care staff told us, "My team leader is great, I don't have to wait for supervision to talk, if I had any problem I could go to them."

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected. At the time of our inspection one person was subject to a DoLS authorisation for constant care and support and being unable to access the community alone. We saw there had been best interest meetings held for the person. A best interest meeting may be needed where an adult lacks mental capacity to make significant decisions for themselves and needs others to make those decisions on their behalf.

Staff had completed training on Mental Capacity awareness and were aware of how the DoLS and MCA legislation applied to people who used the service and how they were used to keep people safe. We saw in care records that appropriate steps had been taken to ensure the people's capacity was assessed to record their ability to make complex decisions.

Staff followed the basic principle that people had capacity unless they had been assessed as not having it. In discussions staff gave clear examples about how they gained consent prior to delivering care and treatment. One staff member told us, "People need to make their own choices, this is their home and I ask them about everything, because if we give choices people can and will choose."

We observed one person having breakfast and lunch on the day of the inspection. They told us they liked to eat, "fruit and yoghurt," and we observed the person being supported to make choices of what they wanted to eat for lunch and evening meals on the day of the inspection. Staff told us the person was supported to go out every Monday to do the weekly shopping.

People using the service were able to help themselves to drinks from the kitchen. We were told by staff that one person was following a specially controlled diet to help manage a medical illness. We were able to verify this in the person's care profile which also indicated their favourite snacks of 'Babybell cheese and fruit'. Food and fluid intake sheets were recorded daily, but we queried why fluid intake

Good

Is the service effective?

was recorded as the person was able to manage their own. The team leader told us this was advice from the dietician involved in the person's care, but that this could be discussed and reviewed at the next visit from the dietician in September 2015. This meant people's hydration and nutrition needs were being met.

The dining environment was within the kitchen and had a homely feel. We saw instructions on safe storage of food and foods that required temperature checks clearly visible in the kitchen. Checks of the kitchen fridge showed that ample supply of healthy ingredients, vegetables and treats were available to create healthy and nutritious meals. Items in the freezer were clearly labelled and dated.

The design of the service met the needs of people who currently used the service. The main external door was kept locked as a security measure to keep people safe. The service provided us with their 'locked door policy' for us to view after the inspection. We saw this had been reviewed in July 2015.

We saw people had their own bedroom and the use of a bathroom and communal living and dining/kitchen facilities. All areas we looked at were adequately maintained and decorated

Good

Is the service caring?

Our findings

People who used the service received care to support them in everyday activities of daily living. We observed staff and one person working together on a jigsaw on the day of the inspection, the staff member gave gentle prompts and praise during the activity.

We observed good communication between people who used the service and staff. Observations in the lounge, dining/kitchen area and around the service indicated that the people were able to make their own choices about what to do and where to spend their time. One person had good communication skills and was able to verbalise back with the staff when given time to digest the information, for example the person was given a choice of what activity they wanted to do and chose jigsaws. We were able to evidence the person's preferred methods of communicating in the care file. The person did not use an advocate as they had a close relative who assisted them with finances and important life changing decisions.

There was a visible staff presence in the communal areas and the staff we spoke with displayed knowledge about people's care needs, choices and decisions.

We observed that staff displayed kindness and empathy towards the people who lived in the service. Staff spoke to people using their first name and one person we observed was included in all conversations that took place.

We saw that staff took time to explain what was happening to the people, when they carried out care tasks and daily routines within the service. We observed one of the care staff explaining in a suitable manner what we were doing in the home.

In discussions, staff had a good understanding of how to promote privacy, dignity, choice and independence. One care staff told us , "If (person's name) is having a shower, I always make sure the door is closed as (person's name) can look after their own personal care needs and can wash and dry themselves," and, "We spend our days doing puzzles and colouring; all the things they like to do, and we have a laugh and a joke and I help them to do things."

We saw that staff used an audio monitoring system for one bedroom, with the listening device in the bedroom and the relay device kept with the care staff. This had been agreed using a best interest meeting and with the involvement of the person's relative.

Staff told us that they read people's care plans and that these included information that helped them to get to know people, for example, about their hobbies and interests, their family relationships and their likes and dislikes. Staff told us that they had time to spend with people and they got to know them. One care staff told us, " We sit and have a meal together and just have a chat," and another told us, "People will tell us if they like the staff supporting them." We observed people being treated in a kind and compassionate manner by the staff.

On the day of the inspection we saw that people who lived at the home were well presented and appropriately dressed.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about people they supported. They were aware of their health and support needs, interests and preferences. We saw that staff reviewed the care plans on a monthly basis recording what worked and did not work for people. This enabled them to provide personalised care.

People who used the service were encouraged to maintain links with their family. We looked at one person's care file who went to visit their family regularly for short breaks. The care file had a section titled 'key information' which included names and contact details of family members.

We found that the care file was written in a person centred way and was specific about the person's wishes and choices with regard to what they wanted to do on a daily basis and what they liked and disliked. For example the person's care file recorded they enjoyed doing puzzles, jigsaws, watching DVDs and drawing, arts and crafts and shopping for provisions every Monday. We observed the person spending time with care staff doing jigsaws during the inspection. One care staff told us, "When we go shopping for food (person's name) loves pushing the trolley around the shops."

One person who used the service had medical conditions that required close supervision and support to maintain their wellbeing. The person could easily become anxious about things in their daily life and this meant staff and others living in the service needed to act accordingly to ensure risk to the person and others were reduced. The care file we looked at had detailed care plans which gave staff clear guidance on how to recognise trigger points and safely manage these times of anxiety.

The service responded appropriately to people's needs for care and support and this was reflected in care files. The care file we looked at contained a pre-admission assessment that was completed with the person and their relative, a profile/life history, a daily living profile, support plans, risk assessments, activity plans and anxiety management plans.

There were activity planners showing what people would like to do, how and when. One person's planner said they liked to bake, play bingo, go to the park to play basketball, visit their family and go on holidays.

We saw there was a complaints procedure in 'easy read' pictorial format in the service. This listed details of people you could contact other than the service provider. The registered manager kept a record of all complaints made. Complaints were audited every month as part of the services quality assurance process. One care staff told us, "I haven't made any complaints, but I would just go straight to the manager if I wanted to complain."

Good

Is the service well-led?

Our findings

At our inspection on 4 December 2014 we found that records throughout the home required improvement. This included medication policies, individual care plans, health records and cleaning and maintenance records. The quality assurance system was not robust and required improvement to ensure it was effective.

At our inspection on 11 August 2015 we found that the registered provider had followed the action plan they had written following the December 2014 inspection. Sufficient improvements had taken place to show that records in the service were now compliant with the regulations and quality monitoring systems were more effective.

The local authority quality monitoring team carried out a routine visit to the home in February 2015. They recommended that people's care planning needed to be more person centred and that risk assessments should be reviewed more regularly. We saw that risk assessments were reviewed every six months and that people's personal care plans were detailed, person centred and focussed on the person's abilities and skills. This showed that the service had listened to the advice given by the local authority to improve record keeping at the home.

The culture of the service was that this was a small service, offering people care and support within a friendly and comfortable environment. We asked staff about the culture of the home, one person told us, "It's fine, we all get along and I feel welcome." There was a communication book in place to keep care staff up to date.

The home had a registered manager who had day to day responsibility and oversight. The registered manager was supported by a small staff team. The service was very relaxed. We asked staff about the service provision and one staff told us, "We provide 24 hour care to support people with their privacy and dignity. We make sure they are safe but encourage their independence. They are protected from abuse by well trained and knowledgeable staff."

We were told that the registered manager of the service was on training at the time of this inspection. The service was being managed by the team leader. Staff who spoke with us said, "(The manager) is alright and supportive and (the team leader) is great."

Staff told us that communication within the service was good and they felt able to make suggestions. The registered manager told us after the inspection that suggestions are welcomed by staff and they are encouraged to bring their own agenda items to staff meetings for discussion.

The service held staff meetings so that people could talk about any work issues and there were up to date policies and procedures regarding work practices that staff could easily access. Staff said there was a good culture promoted by the registered manager. We were able to confirm this after the inspection by reviewing the meeting minutes and policies and procedures provided to us. This indicated that there was some 'learning from events' taking place within the service. For example one person told us, "When the person using the service goes home the paperwork was not getting completed, this was highlighted and we now record to say the person is not here."

The service provided us with their policies and procedures during and after the inspection. We saw these were reviewed regularly. These helped to guide staff in their practice so that people were cared for and supported safely. Records were well written and they were stored safely. This meant people's personal information was protected.

We saw that satisfaction questionnaires were distributed to people in an easy read format. Although the registered provider had processes in place to enable people who used the service to voice their opinions and views of the service, these processes were analysed across the provider organisation. Therefore we saw evaluations for satisfaction questionnaires for the year 2014/2015 were analysed in this way. This meant that the comments or feedback were of little use to the people living at the service.

After the inspection the registered manager told us people who use the service and staff are invited to complete quality assurance surveys and the staff surveys had just been sent out. They told us one person who uses the service had a good relationship with their relative and staff consult regularly with the relative who has some valuable ideas on how best to support the person with making choices and decisions. The registered manager told us one person using the service is involved in 'chats' in their home that are informal and not documented. As the service is

Good

Is the service well-led?

small decisions around what people want to do are made informally on a daily basis. We were able to confirm this during the inspection with observations and in one person's care file.

The service had a quality assurance system in place that was used to drive continuous improvement. We saw examples of monthly detailed audits that were recorded. These monthly audits covered checks on complaints, accidents, medication, peoples care plans, health and safety and cleaning. Action plans were drawn up for each audit with dates for action and these were signed off when completed. There was evidence in other records that issues had been discussed with staff for improvement or learning from events. There was a yearly planner for the registered manager to show which audits to complete and when.

We were not given any written evidence of the values and visions of the service. However, we observed visible information including the statement of purpose for the service, easy read service user guide, service newsletter, how to voice complaints, 'easy read' fire instructions and contact details for other professional agencies. Discussions with staff indicated that the service was open and friendly and that privacy, dignity and personal information was respected. Staff said they felt well supported.