

Foresight Residential Limited

Foresight Residential Limited – 9 Park Road

Inspection report

9 Park Road
Harrogate
North Yorkshire
HG2 9BH
Tel: 01423 521014
Website: www.4sr.co.uk

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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 the 18 December 2014 and was unannounced. At our last inspection on 07 December 2013 we had not found any breaches of legal requirements.

9 Park Road is registered to provide accommodation for 11 adults with learning disabilities and who may have other sensory impairments or physical disabilities. The home is a large semi-detached house, set in private

gardens. Accommodation is provided over four floors, including a basement area. There is limited parking on the drive, on street parking is also available. The house is in a residential area close to Harrogate town centre and provides good access to local services and amenities. Staff are on duty twenty four hours a day and people are supported to live the sort of life they might expect if they were living on their own.

Summary of findings

There was a registered manager at this service who had been registered with the Care Quality Commission since 2007. 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 safe. People we spoke with said they felt safe at the home. Staff were recruited safely and they were trained appropriately to be able to support people. People's medicines were managed safely.

Staff we spoke with understood how to make an alert if they suspected anyone at the home was at risk of abuse. Training had been given to staff about safeguarding procedures.

Safety checks were carried out within the environment and on equipment to ensure it was fit for purpose.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected. People living at the home were able to make decisions for themselves. Where this may not be possible staff told us how they would follow the best interest decision making process to ensure that people's wishes were carried out, where possible.

Staffing levels at the home were flexible to ensure people had the support they needed. People were encouraged to live the life they chose.

People were provided with nutritious food. Assistance and prompting was given by staff where necessary to assist people. Adapted cutlery and crockery were available to people for them to use to help maintain people's independence.

Staff were seen to be attentive and kind to people and they respected people's individuality, privacy and dignity.

Care plans were person centred and up to date. Risks to people's health and wellbeing had been identified. These risks were being monitored and reviewed which helped to protect people's wellbeing.

When transitions between services were made it was done thoughtfully and with the full involvement of the person who used the service.

The service was well led. The registered manager had an effective quality assurance system in place which ensured that the home remained a pleasant place for people to live.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We also consulted the Local Authority to see if they had any concerns about the service, and none were raised.

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. People told us that they felt safe living at the home. Staff were recruited safely and received training to help them to look after people.

Staff knew how to report issues of abuse and said issues raised would be dealt with appropriately. They had been trained in safeguarding procedures.

Medicines were managed and stored safely within the home.

Good



Is the service effective?

The service was effective. Staff were clear about how to support people to live their lives. They received training and supervision to help them to achieve this.

Staff understood and followed the principles of the Mental Capacity Act 2005. This helped to protect people's rights.

People were given a healthy nutritious diet and where people needed support to maintain their dietary intake this was provided.

Good



Is the service caring?

Staff were caring and kind. People were treated as individuals and their privacy and dignity was respected by staff.

People had access to advocacy services to help to protect their rights.

Staff spent time with people and supported some on a one to one basis. This helped people to feel cared for.

Good



Is the service responsive?

The service was responsive. We found the service to be responsive to people's needs. People were supported to undertake their preferred social activities and to develop their life skills.

Staff were knowledgeable about people's changing health care needs. They worked closely with health care professionals to maintain people's wellbeing.

People we spoke with said they would raise a complaint if they had any complaints to make. Complaints were dealt with appropriately.

Good



Is the service well-led?

The service was well led. The home had an experienced manager in place who promoted high standards of care and support. This was evident through discussions with staff, relatives and professionals providing support to people at this service.

Staff understood the management structure of the home, they were aware of their roles and responsibilities. Staff said they felt supported by the manager who was approachable and listened to their views. The ethos of the home was positive; there was an open and transparent culture. There was a friendly welcoming feel to the home.

Summary of findings

Meetings were held to find out people's views, which were acted upon.	
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Foresight Residential Limited – 9 Park 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.

This inspection took place on 18 December and was unannounced. It was carried out by one adult social care inspector.

Before the inspection, we asked the provider to complete a 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. They returned this to us in a timely way. We checked notifications received by the Care Quality Commission (CQC). We looked at notifications we had

received for this service and reviewed all the intelligence CQC had received. We looked at the risk level for this service. We reviewed all of this information to help us make a judgement about this care home

During the inspection we spoke with five people who used the service, four staff, two relative and the registered manager. We inspected care and support plans, medication administration records and risk assessments for three people living at the home. We inspected medicine records and storage and observed a party undertaken on the afternoon. We also looked at documents which demonstrated how the service was run, these included policies and procedures, audits undertaken and minutes of meetings that had occurred at the home. Staff files were inspected, this included recruitment information and training records.

We observed people throughout our inspection in the communal areas of the home during our visit and whilst they had their Christmas party in the afternoon.

Is the service safe?

Our findings

This service was safe. One person who used the service told us, “I am happy at the home and feel safe here”. A relative of a person who used the service told us, “X loves it here. The staff are brilliant it is a very nice place to come and visit any time. I have never seen anything which worried me. X is very happy it is his home.”

There were risk assessments in place for everyone at the home these covered risks to people’s health, emotional wellbeing and environmental risks. These outlined people’s individual risks and gave instructions to staff about how those risks should be managed. A member of staff we spoke with said “We are vigilant to people’s safety we are aware of what is going on.”

Maintenance and safety checks of the property had been completed for areas such as fire equipment, electricity, portable appliances and water safety. Records confirmed that these checks were up to date. The service shared a handyman who was available at certain times to carry out minor repairs to maintain the safety of the premises. Staff received training about fire safety and fire drills and evacuation plans were in place to help to protect people’s wellbeing in the event of an emergency.

A member of staff was responsible for ordering people’s medication. They described the systems they used to make sure people was provided with their medication timely and check medication received was correct. We inspected three people’s medicine administration records (MAR). The

member of staff noted that the pre-printed MAR charts supplied had not been updated with some minor changes to people’s medication needs. This had not adversely affected people’s wellbeing. The member of staff immediately phoned the GP surgery to get the directions changed for the supplying chemist to be able to reprint the MAR charts. We checked the balance of controlled medication at the home, the balance of this medication was correct. We found that medicines were stored safely. Only staff that had received medication training were allowed to handle medication.

We saw that staff had received training in safeguarding vulnerable adults. When we spoke with staff they were able to tell us about the different types of abuse that may occur. They were clear that issues of abuse must be reported immediately and confirmed they would be acted upon appropriately to help to protect people.

We looked at staff recruitment records for three staff working at the home. Completed application forms, references and police checks were in place for these staff. Staff we spoke with confirmed that the recruitment process was thorough.

We saw that accidents and incidents had been recorded. The registered manager told us how they monitored this information to look for any trends and identify action to help prevent further incidents. The accident records had been audited and lessons had been learnt, this information was shared with staff to promote people’s wellbeing.

Is the service effective?

Our findings

People living at the home who we spoke with told us they were effectively supported with their care and social activities. One person said, “I go to bed and get up when I like. I get out and about a fair bit. I went to the pub last night. Any issues I tell the staff and they sort it.” Another person said, “I get to do lots of nice things. I am quite happy here.” A relative of a person living at the home said, “The staff do a great job, they organise play events. They have taken X to Disneyland, Paris. They are all nice people and they work hard. Over the last couple of Christmases they have organised a meal out for us, they are amazing.”

We saw that staff rotas were in place to ensure there were enough suitably skilled staff available to help people. We saw staff were flexible to enable people to live their life. For example, staff accompanied people on holiday and escorted them to different areas of the country to ensure their safety. We observed there were enough staff to meet people needs on the day of our inspection.

Training was provided for staff in a variety of subjects such as safeguarding, fire safety, food hygiene, medication and first aid. Specific training was provided in relation to autism, learning disabilities and visual impairment so that the staff could effectively understand people’s needs.

Staff told us that they received supervision from more senior staff. The supervision records we looked at confirmed this. Staff told us that they could request supervision at any time. The registered manager told us that they received regular visits from a senior manager who gave them support and guidance. This meant that staff were well supported and any training or performance issues would be quickly identified.

Recruitment practices seemed to be thorough, pre-employment checks were undertaken to help to make sure staff were suitable to work in the care industry. A relative we spoke with said, “The staff are very good. Firstly they choose the right people who can work with clients and each other, there is good teamwork.”

We saw that before people were offered a place at the home they and their representatives visited and spent some time there to see what they felt about moving in. The registered manager assessed people to ensure that they understood people’s needs and assessed if people would

get along with the others residing at the home. Information about the service was provided verbally, or in a format suitable for the person to understand so people were aware of what was available to them.

We looked at three people’s care records. Once people had been admitted to the home we saw, where possible they had been involved in planning their care with the staff. Some care review documents were signed by the person or their representative. We saw evidence that when people’s needs changed people’s support plans and risk assessments were updated so that staff were kept informed about the care and support people needed to receive.

People’s activities were recorded daily by staff along with the help and support that had been provided. Staff had handovers when they came on duty so they knew what had occurred on each shift. This ensured they could provide care and support to effectively meet people’s needs.

We spoke with a visiting professional who supported some of the people living at the home. They were very positive about the service provided. They said “There is continuity of staff; they work closely with people, to meet their needs. It is a very relaxed house, some people have very challenging behaviour, I get supported and get an update if needed. It is a lovely place to work; there is a lovely team of staff here who really try their best.” Another health care professional we spoke with said, “The staff take our advice. They hear what we say, respect this and do their best to implement it. They always work using a person centred approach.”

We saw from looking at people’s care records that speech and language therapists, dieticians, general practitioners, dentist, opticians and chiropodists visited people at the home. Everyone had detailed functional vision assessments undertaken by the Royal National Institute for the Blind. We saw evidence from appointment letters that people attended hospital appointments escorted by family or staff. This ensured that people’s health was being effectively monitored to help to maintain people’s wellbeing.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We saw that everyone at the home had their mental capacity assessed. We concluded that the provider was meeting the requirements of the Deprivation of Liberty

Is the service effective?

Safeguards. While no applications had been submitted, appropriate policies and procedures were in place for staff to refer to. Staff received training to understand when an application should be made, and in how to submit one. The registered manager was clear about what action they must take to ensure safeguards would be put in place to help to protect people. The registered manager told us that if people's mental capacity changed they would be assessed to ensure they were not being deprived of their liberty. This assessment would be carried out by an Independent Mental Capacity Assessor to ensure people's rights were protected.

People had their dietary needs assessed and where necessary people's weight was monitored with relevant health care professionals to maintain people's dietary needs. Even when people's dietary needs were complex the service looked to gain advice and help to maintain people's nutritional needs. The cook said, "If people are losing weight we fortify their food. We know what people like to eat. Everything is home cooked. Suppers are provided. I take pride with my food because the people living here are as important as I am." During our visit a Christmas party took place. A large buffet was provided which looked delicious; people living at the home were seen to

thoroughly enjoy this. Staff assisted people to ensure they had enough to eat and drink, second and third helpings were offered to people who were not able to help themselves.

We saw the building was adapted to help people understand where they were and how to find their bedroom, bathrooms or communal areas. Adaptions to the environment were in place for people who had visual or physical disabilities. For example, there was a mobile ramp and a handrail in place to assist people to get into the enclosed garden at the back of the house. Glass beads had been placed on the bottom of a person's door to help them to find their bedroom. Different textured carpets, fluorescent strips on the stairs and black door frames were in place to assist people who were visually impaired navigate their way around the home.

People chose how they wanted their bedrooms to be decorated and that they personalised their bedrooms. The provider information return stated 'All service users have input in how they want their rooms decorated and at Park Road we have everything from classically decorated rooms to 'Jungle' and 'Hollywood' themed rooms. The PIR stated two people had helped to decorate their own room in the last few years. Furniture was placed where people preferred it to aid their mobility and give them adequate space.

Is the service caring?

Our findings

People we spoke with told us they were satisfied with the care and support they received. One person said “The staff are lovely they are right as rain.” another said, “The staff are nice; they are patient kind and funny.” We observed staff took action to assist people, for example, a person wanted to spend time talking with staff we saw they were attentive and kind, sitting with the person talking and singing with them. Relatives we spoke with said, “The staff all seem to be so caring.” “They (the staff) care for X very well.” and “I am happy with the care. I am informed of any issues quickly enough. Always appropriate action is taken to protect X’s health.”

We saw evidence that the registered manager and staff sought feedback from people. This was done by staff asking people as they worked with them or spoke to them if they were alright and if they were happy with things. For example, we saw staff acted immediately when a person asked for a drink or wanted to go out shopping. Staff responded in a supportive way to people and assisted them in choosing how to live their life. We saw staff knew people’s needs well and we observed that they appeared to have good working relationships with them.

People we spoke with told us they felt the care they received met their needs. We observed staff in the communal areas of the home. We saw they supported people with care and compassion. We observed that people looked well cared for and appeared relaxed with the staff. We saw staff having friendly banter with people which they seemed to enjoy. This provided a relaxed ‘family’ feel to the home. A member of staff we spoke with said, “Most clients have been here a long time. Some call me ‘aunty’ There is a caring atmosphere it is a big family house. I would not want to work anywhere else.”

Advocacy services could be gained locally to help to support people. We saw there was information provided to staff about ‘valuing people’. A member of staff we spoke with said “This is a very caring work place the clients always come first. People have a wide range of abilities they are given the choice to do what they like. They are allowed to develop at their own pace. We facilitate this.” A relative said “Staff speak to people with their preferred names, they knock on doors. They know people’s likes, dislikes and preferences.”

Visiting at the home was allowed at any time. People were encouraged to go out with their relatives and friends if they wished. Visitors to the home were made welcome and included in activities provided within the home. A relative said “I get invited to different events at the home. These are held at different times of the day and night.”

A member of staff we spoke with said they had taken a person to hospital and had stayed with them to help relieve their anxiety.

On the day of our visit we observed the Christmas party. A member of staff was playing a guitar and leading people in singing Christmas Carols. Secret Santa presents were given out that had been bought by staff who knew people’s likes and dislikes well so that people received presents they liked. Everyone was seen to thoroughly enjoy this event. Staff who were not on duty came in to wish people a Merry Christmas. The registered manager told us that they were proud of the staff team because they took pride in their work and ensured they treated people as individuals with dignity and respect.

Is the service responsive?

Our findings

The service was responsive to people's needs. We saw that people's care records were person centred. Care plans were available in a range of formats depending on the needs of each person; they could be transcribed into Braille. Care plans contained a 'pen picture' about the person's background, likes, dislikes and preferences and choices they made about their care. Consent was sought for sharing people's information, where it was possible, people had signed to say they agreed to this. Everyone had a 'Health Action Plan' which gave staff information about people's health needs. The care documentation in place for people was regularly reviewed by a 'keyworker' and a senior carer. A keyworker is a member of staff who is allocated to be the main point of contact for a person and their family and undertook care reviews.

Information contained in people's care records detailed general and specific risks to people's health and wellbeing. For example some people were able to go out and catch buses on their own; others needed to have support from staff. Risk assessments were updated by staff with the person and with their representatives, where this was possible. Relatives we spoke with said, "I am invited to care reviews. If I cannot get to these I am sent a report. X is very settled. They care for X very well I have no complaints."

The ethos of the home was to promote people's independence, where this was possible. People were assessed to see what they could do safely. People were seen to be encouraged to be as independent as possible even if there were risks attached to this.

Activities were dictated by the people who used the service. They had personal activity calendars in place.

Activities included some people going to Henshaw's College and out to different social events. Each member of staff supported people with the activities they chose to undertake. A music therapist supported some people living at the home. A reflexologist could come to the home if people requested this. Household activities, such as tidying up their bedroom or helping with washing the pots were undertaken by some people who wished to develop these life skills.

People we spoke with said that they did not have any complaints to make about the service. One person said, "Everything is alright, it's good." Another said, "Any issues I tell the staff and they sort it out for me." People told us they knew that they could approach staff or the registered manager if they had any concerns to raise. There was a complaints procedure in place which could be provided to people in a format that met their needs. The registered manager told us that any issues raised would be dealt with to ensure that people remained happy living at the home. A relative we spoke with said, "I've had no complaints. If I had any complaints I could and would raise them and I would talk with the staff." Another said, "I would raise any issues if I had any concerns. They would take issues on board."

We observed that the registered manager and senior staff made themselves available to see how care was being delivered throughout the home. This helped the senior staff to respond to and prioritise people's care and support.

The registered manager told us that as people's needs changed adaptations were made to the environment. For example, illuminated door frames were about to be fitted to assist a person to find their bedroom which would help the person maintain their independence.

Is the service well-led?

Our findings

People we spoke with told us they were satisfied with the services provided at the home. They said they were happy there and there were no changes they would want to make at the home. People said, “We have clients meetings, we talk about abuse and health and safety. We discuss trips out. Everything is alright.” And, “I am quite happy here. We get to do a lot of nice things, I like this.” A relative we spoke with said, “Everything is fine as far as I can tell. Everyone is looking after X’s interests.” Another said, “My relative would not be here if I was not happy. I do have a lot of confidence in the manager and staff. They ask for my views and keep me very well informed

The ethos of the home was to promote people’s independence, where this was possible. Staff we spoke with were clear about the values and beliefs of the service and understood the management structure of the home. The PIR informed us the service had good relationships with other agencies to promote the best possible care for people.

Staff we spoke with told us they could speak with the manager about any issues. They all said they felt listened too. One member of staff said, “I am supported well by the manager.” They said the registered manager had an ‘open door policy’ in place so they could get help and advice at any time. All the staff we spoke with told us they knew how to report concerns and said they felt confident any issue raised would be dealt with appropriately.

The registered manager worked alongside the staff at times needed to receive and to help them monitor the quality of the service provided. During our inspection we spoke with the registered manager. They were knowledgeable about all aspects of the service provided to people.

The registered manager and senior staff undertook a range of quality audits, which covered fire safety, water temperatures, health and safety, nurse call systems, falls monitoring and first aid box checks. Audits of people’s care records were undertaken regularly by the senior staff at the home. The registered manager told us they were committed to the continuous development and improvement of the service.

We saw staff rotas were prepared in advance to ensure staff on duty each day had the correct

qualifications and skills to support people. For instance it was important to ensure staff were on duty who could administer medications and to assist people with specific social activities and appointments. This ensured that the registered manager and staff could support people appropriately.

There were emergency contingency plans in place for issues that may occur such as lift breakdowns. Fire checks were undertaken regularly this included a weekly fire alarm check. Staff were aware of what to do in an emergency and senior staff were available by phone for advice.

The manager told us how people’s views were listened to and action was taken in response to feedback from people. Resident meetings were held and we saw from looking at minutes of the meetings that peoples’ views about issues such as outings and menus being provided were taken on-board.