

# Supported Living UK Limited Foxhills Farm

## Inspection report

Fontley Road  
Titchfield  
Fareham  
Hampshire  
PO15 6QY

Tel: 01329849008  
Website: [www.supported-living.com](http://www.supported-living.com)

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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

This inspection took place on 26 September 2018 and was announced. At our last inspection in April 2016, we asked the provider to take action to make improvements to their recruitment procedures. The service was rated overall Good. However, a rating of requires improvement had been identified in the 'safe' domain due to the improvements needed in the recruitment of staff. The provider sent an action plan telling us how they would address these concerns. At this inspection we found improvements had been made and there was no longer a breach.

Foxhills Farm is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

Foxhills Farm can accommodate up to 4 younger adults in one adapted building. The home has two floors accessed via stairs, three communal areas and large outside space where people could choose to spend their time. At the time of the inspection 4 younger adults who were living with learning disabilities and complex needs.

A registered manager was in post. 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.

Prior to this inspection we had received concerns about staffing and the environment. We found the service had worked well to make improvements and no concerns were identified on the inspection..

People were protected against abuse because staff had received training and understood their responsibility to safeguard people. Concerns were reported and investigated.

Staff were aware of the need to treat people as individuals and ensure care reflected their individual needs. Risks associated with people's needs were assessed and action was taken to reduce these risks.

People were supported to ensure they received adequate nutrition and hydration.

Staff worked well as a team and people were supported to maintain good health and had access to appropriate healthcare services.

Staff sought people's consent and applied the principles of Mental Capacity Act 2005 (MCA) when this was needed, but records of this needed improving.

Observations reflected people were comfortable and relaxed in staff's company. People were cared for with kindness and compassion. People's privacy and dignity was respected and they were encouraged to be involved in making decisions about their care. Staff responded to people's changing needs, supported them to maintain good health, have access to appropriate healthcare services and ensured a person centred service.

The provider's recruitment process ensured appropriate checks were undertaken to ensure staff suitability to work in the home. People told us that how they felt staff had the skills and knowledge to care for them. Staff received supervisions and training to help them in their role.

There was a process in place to deal with any complaints or concerns if they were raised. Complaints were investigated, outcomes shared with people and staff.

Communication was open and staff felt supported and able to raise concerns at any time. They were confident these would be addressed. People, their families and staff had the opportunity to become involved in developing the service. The service aimed to ensure good quality care was delivered and there were systems in place to monitor the quality and safety of the service provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

The provider's recruitment process had improved and ensured appropriate checks were undertaken to ensure staff's suitability to work in the home. There were sufficient staff to meet people's needs.

People were protected against abuse by staff who understood their responsibility to safeguard people.

Risks associated with people's needs were assessed and action was taken to reduce these risks.

Medicines were managed safely.

### Is the service effective?

Good 

The service was effective.

Assessments of people's needs were completed to ensure they could be met. National guidance was used to support staff practice.

Staff received supervisions, appraisals and training to help them in their role.

People were supported to ensure they received adequate nutrition and hydration.

Staff worked well as a team and people were supported to maintain good health and had access to appropriate healthcare services.

Staff applied the principles of the Mental Capacity Act, 2005 (MCA).

### Is the service caring?

Good 

The service was caring.

Observations reflected people were comfortable and relaxed in

staff's company. People were cared for with kindness and compassion.

People's privacy and dignity was respected and they were encouraged to be involved in making decisions about their care.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff responded to people's needs and ensured a person centred service.

People were provided with appropriate mental and physical stimulation.

There was a process in place to deal with any complaints or concerns if they were raised. People told us they knew how to complain but had not needed to.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Staff felt supported by the registered and regional manager. They felt able to raise concerns at any time and were confident these would be addressed.

The provider's values were clear and understood by staff. People, their families and staff had the opportunity to become involved in developing the service.

The service aimed to ensure good quality care was delivered and there were systems in place to monitor the quality and safety of the service provided.

# Foxhills Farm

## 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. The inspection was undertaken at this time as the last inspection was rated overall requires improvement. 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 26 September 2018 and was announced. We gave the service less than 24 hours' notice of the inspection visit because it is small and people are often out. We needed to be sure that they would be in.

The inspection team consisted of one inspector.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events which the service is required to tell us about by law. Prior to the inspection we reviewed information included on the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

During the inspection we spoke with five staff, the registered manager and regional manager. We had conversations with two people. We observed the care and support people received in the shared areas of the home. Following the inspection visit we sought feedback from two external health care professionals and two relatives.

We looked at the care plans and associated records of two people, medicines administration records for all four people, staff duty rotas, four staff recruitment records and supervision records. We looked at staff training records, records of complaints, accidents and incidents, policies and procedures, safeguarding and quality assurance records.

# Is the service safe?

## Our findings

People's relatives told us they felt their family members were safe at Foxhills Farm. One said "I do feel (person) is safe. (Person) has grown in confidence". External professionals shared some concerns that they had about the safety of the service but were aware that improvements were being made. One shared concerns about the number of staff but we were assured that recruitment had taken place, vacancies had been filled and staff were trained.

At the last inspection in April 2016 we found recruitment processes followed did not ensure people's safety and this was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and this was no longer a breach of regulation.

People could be confident they were supported by staff who were appropriate to work in care because recruitment practices were safe. Potential new staff completed an application form and were subject to an interview. Following a successful interview, references were sought and Disclosure and Barring Service (DBS) checks were carried out. These checks helped to ascertain if applicants were suitable to work with people at risk. Staff confirmed they did not start work until recruitment checks had taken place.

Before the inspection we had received concerns about staffing and a high use of agency. At this inspection we did not find these concerns. Recruitment of new staff had taken place and agency staff were no longer being used. Staffing levels met the needs of people living at the home and due to the number of staff needed there was between five and six staff on duty during the day. Staff told us additional staff were in place to support various activities people chose to do. Staff told us they felt that staffing levels were appropriate to meet people's needs. We observed throughout the inspection visit that staff responded in a timely manner to people's request for support.

People could be confident that management would take appropriate action if concerns were raised about their safety. All staff were required to complete both face to face and eLearning training in safeguarding people. They were able to describe the different types of abuse, what to look for and when to report any safeguarding concerns within or outside the service. Staff knew what actions to take in the event any safeguarding concerns being brought to their attention. Staff and people told us they were confident the registered manager would take appropriate action to address any concerns. Records reflected concerns were investigated and action was taken to address these.

Staff were aware of people's needs and any risks associated with these. Support guidelines were in place which provided guidance to staff about the support people needed to reduce any identified risks. For example, we saw epilepsy support guidelines for one person provided comprehensive information about how their epilepsy presented and the actions staff should take. Detailed support plans were in place to provide guidance to staff about behaviours that may pose risks. These gave clear information about the type of behaviours, the triggers to behaviours, early warning signs and what staff should do not only to prevent behaviours but also to reduce risks if these did occur. Where the use of physical intervention may be needed

to reduce the risk of harm to the person and/or others, plans were clearly documented about what these should involve and the monitoring that should take place following these. The registered manager and an external health and social care professional told us the use of these interventions had significantly reduced in the past few months.

Risks to people from incidents were monitored and actions explored to address safety issues. The regional manager and registered manager were open that until the beginning of the year incidents had not been reported. A change in management had taken place and the process for reporting these had changed. Each incident was reviewed but in addition, the new management had recently implemented an analysis tool to be completed on a monthly basis, which would enable the registered manager and staff to identify trends and look at proactive measures to reduce incidents. Staff confirmed discussion took place with them to share learning from incidents.

Medicines storage was safe. Medicines were stored in a locked cupboard and the temperature of medicines storage was checked daily. Records showed the amount of medicines received into the service was recorded and a stock check was maintained daily. Medicine administration records (MAR) showed no unexplained gaps in the recording of regularly prescribed medicines. People were prescribed medicines to be given when required and protocols for their use were in the process of being implemented. Support guidelines were in place to inform staff about how each person wanted to be supported with their medicines. Staff had received training and assessments of competency were completed before they were allowed to administer medicines. The frequency of assessments had just been changed to annually and the registered manager told us they would be redoing some of these with staff.

Throughout our inspection we saw the service was clean. We did not detect any malodours. There were ample hand hygiene stations throughout. All hand basins contained hot running water, soap and disposable towels. Staff received training in infection control. Infection control audits were completed to monitor the cleanliness of the service. There was adequate provision of personal protective equipment (PPE) for staff.



## Is the service effective?

### Our findings

One relative felt sure staff were trained but wasn't clear how quickly this was completed for new staff. An external professional told us they felt the service could be more effective if staff received more training around managing behaviours and working with people with Autism. Action was being taken to address these concerns. Staff had received additional training to help them understand autism and had been trained in proactive management of behaviours as well as some more bespoke practical training. New staff training was planned during their induction to ensure they had the knowledge they needed to support people. Staff told us how there had been a shift in working practices, to work more proactively with people, since the new management had started.

At the last inspection we rated this question as good and at this inspection this remained good.

No one new had moved into the service for a number of years. The regional manager described the process that would be followed if this was to happen. They explained that prior to people moving into the service, assessments would be undertaken to ensure the service and staff could meet the person's needs. People and their relevant others would be involved in this. The assessment process would explore and identify the areas of support people needed in relation to their health, their social needs and their personal needs.

Staff were aware of the need to treat people as individuals and respect their beliefs and lifestyle choices. The provider supported staff to ensure that people's human rights and equality and diversity needs were met, including sexuality and relationships. They provided staff with training in to aid their understanding. The registered manager was clear that discrimination would not be tolerated and was confident any human rights or equality needs people had would be met.

We saw nationally recognised guidance was used to inform practice. For example, the management of behaviours and use of intervention was based on the guidance produced by the British Institute of Learning Disabilities (BILD). New staff received an induction and were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff felt the training opportunities on offer for them were positive and helpful in their role. They told us since the new management team had been introduced, changes to the delivery of training had happened. They told us more face to face training was in place and they had just completed training about Autism, to aid them in the support they delivered to people. In addition, staff were trained in supporting people with managing behaviours which could challenge. Staff received one to one supervisions and found these helpful.

People accessed the kitchen whenever they chose to. Food and drinks were readily available to them and they were able to help themselves. They were encouraged and involved to participate in meal preparation and provided with meals that met their needs and their preferences.

People's healthcare needs were met and they were registered with a GP. Staff supported people to access appointments with GP's, specialist healthcare professionals, dentists and opticians.

Communication between staff and the registered manager enabled staff to be kept up to date about everyone's needs. The service was working closely with other professionals to support the development of positive behaviour support.

People were cared for in an environment that was suitable for their needs. People's living space reflected this. For example, one person was supported in an environment that contained very little. Another person's personal space had been adapted to reduce risks of injury to them. The environment was regularly checked for safety and maintenance issues.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff understood the importance of always assuming a person can make their own decisions. They sought permission from people before providing support and supported them to make decisions. They understood that if a person was deemed to lack capacity they needed to ensure best interests decisions. Best interests decision making processes were evident in the service but the records to reflect this were too generic and needed improving. The registered manager acknowledged this and told us they would review these records.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Only one person had an authorised DoLS in the service and the registered manager explained that a further three applications had been submitted. Staff and the registered manager understood their responsibilities with DoLS and had received training from the provider.

## Is the service caring?

### Our findings

People's relatives provided positive feedback about staff. They felt staff were kind and caring. They felt staff knew their family member well and had built relationships with them. They told us they and their family members were involved in making decisions about their care.

At the last inspection we rated this question as good and at this inspection this remained good.

People were supported by a consistent team of staff which ensured continuity and enabled people to get to know the staff. Observations reflected that people were comfortable and relaxed in staff's company. Each person was addressed using their preferred name. Staff were respectful to and immediately answered all the requests from people and fitted their own tasks around the needs of the people living at the home. Staff spoke to people in a kind and respectful manner and people responded well to this interaction. They recognised when people needed reassurance and provided this in a positive manner. Staff explained what they were doing, and they encouraged people to be independent with praise. For example, we observed staff completing a puzzle with one person, staff were encouraging and providing praise throughout. There was a light friendly atmosphere, with positive engagement between staff and people.

Staff understood people's communication needs and supported them to make decisions about what they wanted to do, where they wanted to go and who they wanted to be supported by.

The Accessible Information Standard was introduced in August 2016 and applies to people using the service who have information or communication needs relating to a disability, impairment or sensory loss. It covers the needs of people who are blind, deaf, and/or who have a learning disability. Plus, people who have aphasia, autism or a mental health condition which affects their ability to communicate. Information was provided to people in a variety of ways which would give them the best opportunity to understand it and be able to contribute. Easy read formats were used, pictures and a form of sign language was used in the service. Staff were working with one person to use assistive technology to communicate their needs.

People were encouraged to express their views and to make their own choices. Staff understood the importance of respecting people's choice. They told us how they ensured that people were able to retain as much independence by making their own choices. This was evident in many aspects of their care for example, supporting people to choose the clothes they wished to wear, where they wanted to eat their meals, and how they wanted to spend their time. We observed staff offering choices throughout the day. Surveys were also used to enable people to provide feedback. The results of the last survey reflected this and an action plan had been developed to ensure their feedback was acted upon.

Staff demonstrated respect for people's dignity and privacy. They knocked on doors before entering and used respectful and clear communication. We observed that all personal and confidential information was appropriately stored and only those people who were permitted to access it could.

## Is the service responsive?

### Our findings

Relatives felt their family members needs were met in a person centred way by staff who understood them well. One external professional told us they felt there were inconsistencies in implementing their suggestions. They said "Foxhills can be quick to respond to and rectify issues, once they have been made known to them via external agencies." However, they felt these were not always implemented to the extent the external professionals hoped for. They gave an example relating to one person and the number of items in their room. We saw and staff told us they were introducing more items to this person, albeit this was being done slowly which we were told was to meet the person's needs. Another professional told us that the staff had been responsive in sending them information and that from this they could see an improvement in the management of behaviours which posed risks.

At the last inspection we rated this question as good and at this inspection this remained good.

Staff knew people well and this was apparent throughout our discussion with them. Staff were aware of people's histories, their likes and dislikes. Each person had individualised support plans and risk assessments to guide staff. Support plans were detailed and person centred. They identified what was important for people, their abilities, the support they needed and how staff could help them. This is significant in a service for people with learning disabilities who can find it difficult to communicate their needs. This information can aid staff in communicating and developing relationships with people whilst meeting their needs. Staff worked with people to identify goals and work towards these.

Activities were personalised and based on individual's interests. The registered manager told us how the staff team continued to work with people to wider the activities people experienced. With the support from staff it was clear that people were developing their skills and confidence. For example, one person who had previously been unable to eat in a restaurant or café was now doing this with staff support.

The providers had a policy and arrangements in place to deal with complaints. They provided information on the action people could take if they were not satisfied with the service being provided. Records reflected complaints were investigated and the outcome and learning shared with the person and staff.

At the time of the inspection no one was receiving end of life care however the registered manager demonstrated how they had begun the process of gathering information from people's families about people's end of life wishes.

## Is the service well-led?

### Our findings

Relatives told us they had seen improvements since the recent management changes. One told us "Since (registered manager) has been in post there has been vast improvements. His attitude is good, so the staffs is good." They told us they felt the culture was positive, caring and open. At the last inspection we rated this question as good and at this inspection this remained good.

Since our last inspection changes had been made to the management structure. The previous registered manager and company director had left. The company had been purchased and a new management structure implemented. This included a managing director, regional manager and new registered manager. 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.

Since taking over of the service a full quality audit had been completed by the managing director. This had identified numerous concerns and a need for improvement. Changes had been made as a result. For example, they identified a lack of recording and reporting of incidents of behaviours. A new reporting system had been implemented which had led to the involvement of other health and social care professionals and a more proactive approach to supporting people. In addition, significant environmental changes had been made. For example, the audit identified the fire system was inadequate and this had been replaced. A separate maintenance team had been introduced to monitor the fire system, meaning staff could focus on supporting people. The new management structure understood the importance of valuing and involving staff. Staff pay had been increased and an invest in recruitment and training had been made.

Staff spoke positively about the new management structure and the changes that had been implemented since they became involved. Staff said they felt more engaged and empowered to be involved, make suggestions and to make decisions. They said they felt listened to and valued. They described a service and structure that was person centred and who wanted to work proactively to increase the quality of people's lives. Staff said they felt very well supported and described the registered manager as approachable. Staff consistently told us the registered and regional manager's were open and that they were encouraged to engage and contribute ideas. Staff told us they were able to make any suggestions and were always listened to. One member of staff told us "Been a god send", referring to the regional manager.

People, relatives, and visiting health and social care professionals were asked their views in relation to the quality of care on a regular basis. An annual survey was carried out with people, visitors, and staff. This had only just been sent out to relatives and other professionals at the time of our visit. The registered manager told us they were waiting for the result of these and planned to analyse these and develop an action plan by the end October 2018.

The registered manager and staff engaged with other agencies and the local community. We saw working relationships with the local authority, GP's, dentists, intensive support teams and other health professionals.

A number of local auditing systems had been implemented by the new management. This included medicines audits, infection control audits, keyworker audits, regional manager audits and internal quality audits. The internal quality audits focused on the previous outcomes that CQC inspected against and would benefit from being updated to reflect the Key Lines of Enquiry that we now look at during an inspection. However, they did focus on key issues such as dignity and respect, risk assessment and care planning, the environment and safeguarding. The regional manager explained that the initial audit was completed when the changes to the management structure took place and the managing director reflected in their audit the need for improvement. Since this audit the regional manager had focused their audits on particular areas to ensure actions needed to be made, have been completed. In addition to this they also undertake a monthly audit which looked at a variety of areas such as complaints and staffing. It also included observation of staff interactions with people as well as feedback from people and staff. The regional manager told us the plan moving forward was for the registered manager to undertake a quarterly quality audit, followed by a regional manager audit to check the accuracy of this, in addition to the monthly visit by the regional manager.