Foxglove Care Limited

Foxglove Care Limited - 82 Willowdale

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

Foxglove Care Limited – 82 Willowdale is a residential care home for two people who have a learning disability or autism spectrum disorder. The premise is a three-bedroomed residential property on a housing development to the north of Kingston-upon-Hull. There is front, side and rear garden space that is enclosed and extensively used by people that use the service.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People were protected from the risk of harm because safeguarding systems were in place and staff were trained in safeguarding adults from abuse. Risks were also managed and reduced so that people avoided injury or harm. Staff understood their responsibilities in these areas.

The premises were safely maintained and documentary evidence showed this. Staffing numbers met people's need and rosters cross referenced with those staff on duty. Recruitment systems ensured staff were suitable to support people. Medicines were safely managed.

Staff were qualified and competent and they received regular supervision and annual appraisal of their performance.

People's rights were protected. They 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. Staff ensured they had people's consent before supporting them.

People received good nutrition and hydration to maintain their levels of health and wellbeing. The premises were suitably designed and furnished for providing support to younger adults with a learning disability.

Staff were kind and knew about people's needs and preferences. People's wellbeing, privacy, dignity and independence were respected. This ensured people felt satisfied and were enabled to take control of their lives.

Person-centred care plans reflected people's needs and instructed staff on how best to meet those needs. They were regularly reviewed. People enjoyed pastimes and activities if they wished to and developed their living skills. People had very good family connections and support networks.

An effective complaint system was used and complaints were investigated without bias.

We found there had been a registered manager in post for the last seven months. People had the benefit of a culture and management style that was positive and inclusive. An effective system checked the quality of the service using audits, satisfaction surveys and meetings.

People made their views known through discussion, gestures and their individual communication methods that staff had learned to understand. Privacy and confidentiality of information 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 - 82 Willowdale

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 was a comprehensive inspection.

The inspection of Foxglove Care Limited – 82 Willowdale took place on 31 May 2017 and was unannounced. One adult social care inspector carried out the inspection. Information was gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when providers send us information about certain changes, events or incidents that occur.

We requested feedback from local authorities that contracted services with Foxglove Care Limited – 82 Willowdale and reviewed information from people who had contacted CQC to make their views known about the service. We also received a 'provider information return' (PIR) from the 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 one person that used the service, one relative and the registered manager. We spoke with one staff member that worked at Foxglove Care Limited – 82 Willowdale .

We looked at care files belonging to two people that used the service and at training records for three staff. We viewed records and documentation relating to the running of the service, including the quality assurance and monitoring, medication management and premises safety systems. We also looked at records held in respect of complaints and compliments.

We observed staff providing support to people in the service and observed the interactions between people

that used the service and staff. We looked around the property and saw communal areas and people's bedrooms.

Good

Is the service safe?

Our findings

People and the relative we spoke with said they were happy with the safety of people that lived at Foxglove Care Limited – 82 Willowdale. This was in relation to safeguarding, risk management, numbers of staff on duty, recruitment and the management of medicines.

Safeguarding incidents were safely managed and staff told us they were trained in safeguarding people from abuse, which their training records corroborated. Staff demonstrated knowledge in this area and knew how to refer incidents to the local authority safeguarding team. Records were held of the referrals made to the local authority and formal notifications of these were sent to us.

Systems and practices ensured that people who used the service were protected from the risk of harm and abuse.

Risk assessments reduced people's risk of harm, for example, from going out unescorted, financial abuse, poor health, moving around the premises, inadequate nutrition and the use of the kitchen and bathroom facilities.

Maintenance safety certificates ensured utilities and such as fire safety systems were safe to use, and these were all up-to-date. Regular checks were carried out and alterations made to the premises to ensure people were kept safe and that their environment suited their needs. Examples of this were that a shower had been fitted to replace the bath and the provider planned to remove the shale surface in the rear garden and open up the side garden to provide a larger and safer football space. Personal safety documentation was seen for evacuating people individually from the building in an emergency.

We found that accident and incident policies and records were in place in the event of an accident. Records showed that these were recorded thoroughly and action was taken to treat anyone with an injury. Action was also taken to prevent re-occurrence of any accident.

Staffing rosters corresponded with the numbers of staff on duty during our inspection. We saw that there were enough staff to support people with their needs. Staff worked alone in the service each night and always provided one-to-one during the day when people needed support to go out or stay occupied at home. Staff told us they covered shifts when necessary and found they had sufficient time to carry out their responsibilities to meet people's needs.

Recruitment procedures were followed and ensured staff were suitable for the job. Documentation was 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 anyone applying to work with children or vulnerable adults. It checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Medicines were safely managed and a selection of medication administration record (MAR) charts we looked at were accurately completed. A monitored dosage system was used as supplied by a local pharmacy. This is a monthly 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. It allows for the administration of measured doses given at specific times.

Medicines were obtained in a timely way so that people did not run out of them. They were stored safely, administered on time, recorded correctly and disposed of appropriately. There were no controlled drugs 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) at the time of the inspection.

Good

Is the service effective?

Our findings

We saw that people got on well with staff and that staff at Foxglove Care – 82 Willowdale had the knowledge they required to support people competently.

Staff completed induction to their roles, received regular one-to-one supervision and took part in an annual staff appraisal scheme. New staff completed The Care Certificate. This 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).

Systems in place ensured staff received the training and experience they required to carry out their roles. Currently the organisation used a workbook system of providing training to staff but we were told by the registered manager that on-line training was soon to be implemented to replace this. An electronically held staff training record was used to review when training was required or due to be updated and certificates were held as evidence of the courses staff had completed.

Staff confirmed they completed mandatory training (minimum training required of them by the registered provider to ensure their competence) and listed all of the courses they had completed in the last year. Staff said they had the opportunity to study for qualifications in health and social care and to undertake service specific training, such as in autism and epilepsy awareness, as well.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that people's needs had been addressed using the best interest process, for such as receiving dental treatment or using a listening monitor to support people when experiencing seizures. These were appropriately recorded and reviewed.

We found that people at Foxglove Care Limited – 82 Willowdale were only restricted in respect of their rights when a DoLS was in place. These were regarding constant one-to-one supervision and only leaving the premises when accompanied. They ensured people were kept safe. Documentation was held in respect of DoLS applications and authorisations and was reviewed when required.

Staff only provided support to people once their consent had been obtained, which was sometimes via verbal agreement, but mostly by accompanying staff when asked to, at times when support was needed.

People's nutritional needs were met as they usually agreed their own menus and shopped for food on a weekly basis. People's preferences regarding food likes and choices were respected. Staff consulted people and relatives about people's dietary requirements. The advice of a Speech and Language Therapist (SALT) was obtained when needed. Meals were taken as people wanted them, for example, on the day of inspection both people had risen late and took breakfast around 10:45. One person went out for a late

lunch, but both had drinks on request.

Nutritional risk assessments and those required to reduce the risk that people might choke, were in place where people had difficulty swallowing or where they needed support to eat and drink. People indicated to us that they were satisfied with the meals provided. We saw that people were given drinks upon request, but staff explained that sometimes drink choices were advised against to ensure people did not over indulge with them and exacerbate obsessions. Decisions for this had been made as part of a multi-disciplinary meeting and were recorded in people's care plans.

People's health care needs were met because staff consulted them and their family members about medical conditions and particular health needs. Staff liaised with healthcare professionals and information was collated, reviewed and recorded in health action plans and updated with changes in people's conditions and needs.

Staff told us that people saw their doctor on request or whenever staff noticed a difference in their demeanour. District nursing, chiropody, dental and optical services were accessed whenever necessary and if people were able to they visited these services in the community. Health care records in health action plans confirmed when people had seen a health care professional, the reason why and contained guidance on how to manage people's health care. All consultations with health care professionals and the advice they gave were recorded in these records and people's diary notes recorded when people were assisted with the health care that was suggested for them.

Staff told us that where people had particular sensory needs the environment was maintained with that in mind. For example, the paint used when redecorating was odourless and colour schemes were kept plain. Equipment was tested to wake and alert people via vibration should there be a need to evacuate them in the event of a fire. The bath was replaced by a shower unit. All staff were mindful that they ensured there were no objects in people's pathway when moving around the premises. Sensory lamps and water equipment were provided for people that had intense sensory needs, which ensured these needs were met.

Good

Is the service caring?

Our findings

On the day we inspected people demonstrated their comfortable relationships with the staff. People were relaxed and went about their usual business. If anything they were only a little wary of our presence in their home. People talked with staff or communicated their needs to them without concern. People ate their breakfasts and maintained their usual routines, albeit a little later in the day due to choosing to rise later.

Staff presented as supportive and caring and were good role models for people learning about daily living skills and activities. Staff knew people's needs well, offered guidance and maintained a kind approach when they offered support. People that used the service experienced no discrimination or unequal treatment which may have resulted in their needs not being recognised or met on the grounds of age, disability, gender, race, religion and belief, sexual orientation or gender reassignment.

Staff were aware of their responsibility to ensure people were protected regarding their rights. One staff member related two examples of how they had helped a person stand up for their rights in the community recently. The person was receiving health care on both occasions. On one occasion the person was about to be left on a trolley in a hospital corridor and on the other was being directed to wait in isolation in a small window-less room. The staff member insisted the person remained where they were each time to maintain the same visibility as everyone else.

People's general well-being was regularly monitored by the staff who knew what incidents or events affected their mental or physical health. People were supported to engage in pastimes and activities, which meant they were able to keep a control of their lifestyle. Activity and occupation helped people to feel their lives were purposeful and eventful, which aided their overall wellbeing. We found that people were positive about their lives and routines.

While everyone living at Foxglove Care Limited – 82 Willowdale had relatives or friends to represent them, we were told that advocacy services were available 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. Information was provided to people if it was evident that they needed advocacy support.

We saw that people's privacy, dignity and independence were respected. People and staff upheld people's privacy and dignity by ensuring their personal care needs were only attended to in their bedrooms or the bathroom and that confidentiality of information was maintained. People's independence was encouraged in all things providing any risk of harm were reduced or managed.

Good

Is the service responsive?

Our findings

One visitor we encountered was overhead discussing their relative's care with one of the staff and we deduced that the visitor was extremely happy with the way their relative's visit to the hospital had gone and particularly with their recovery. One person we spoke with felt their needs were being appropriately met. They indicated to us that they liked the way in which staff helped them to lead an independent life. We saw that staff supported them on a one-to-one basis when getting ready to go out and did so at the person's own pace. Arrangements for people's routines and interests that they expressed were recorded within people's care plans and carried out whenever possible.

Care files for people that used the service reflected their needs well and were person-centred. They contained documents and information in an easy to read format for people with a learning disability or autistic spectrum disorder. They contained information under fourteen areas of care need for staff to be instructed on how best to meet people's needs. The support plans were outcome-based for each individual.

Files contained personal risk assessment forms to show how risk to people was reduced, for example, with personal hygiene, mental health, physical health and the risk of stroke, behaviour, falls, nutrition, choking, medicines and going out in a motorised vehicle. We saw that support plans and risk assessments were reviewed monthly or as people's needs changed. Full care reviews were held yearly to which relatives and social workers were invited. Feedback from relatives was very positive at people's last reviews held in February 2017, as seen in the review meeting minutes.

Activities were held on a daily basis and supervised by staff both in-house and out in the community. People had and expressed their preferred routines for entertainment and occupation. People had been engaged in visits to places of interest, such as the Yorkshire Wildlife Park where small animals could be touched and so anyone with a sensory need was supported to do this. Other sensory projects in the community were accessed on a weekly basis. People's favourite pastimes were using the gym and swimming, which staff supported them with. People also took short break holidays with people that used other services registered as Foxglove Care Limited locations.

We saw that people had their own equipment for such as doing board games and puzzles, kicking a ball around in the garden, watching DVDs and going out shopping or to walk around the local area. People often watched television and on the day we visited people clearly made their own choices about programmes and it was evident they had learned to 'give and take' with each other regarding time spent on these different favourite programmes. Staff oversaw the situation to ensure that no one exploited more time than was fair.

There were few needs for mobility equipment or specific aids for people to maintain independence but one person used a monitor to alert staff when they required support with seizures and were alone in their bedroom. This was being reviewed for a more appropriate sensor alert system and would be replaced once the right item was found, as the monitor did not afford the person any privacy.

We saw that people were provided with choice wherever possible, so that people continued to make decisions for themselves and stay in control of their lives. People had a choice of what they ate each day at each meal, where they sat, when they went to bed or got up, what they wore each day and whether or not they went out or joined in with an activity or undertook entertainment in the service. People's needs and choices were respected.

People's relationships were respected and staff supported people to keep in touch with their family and friends. Staff who key worked with people got to know family members and kept them informed about people's situations if people wanted them to. We saw this was the case when one visitor spent time with their relative and a staff member chatting about recent health care needs and their general interests. Staff encouraged people to receive visitors and spoke with people about their family members.

The registered provider had a complaint policy and procedure in place for anyone to follow and records showed that complaints and concerns were handled appropriately. We saw that the service had handled only one complaint in the last year and the complainant had been given written details of explanations and solutions following investigation. Action had been taken, an agreement struck to ensure what the procedure would be in future and the complainant was satisfied.

Staff were aware of the complaint procedure and had a positive approach to complaints from people or their relatives. They understood that complaints helped them to improve the care and support they provided. We saw that people knew how to complain and speak up for themselves with regards to any treatment they disliked or any particular preferences they expressed. One person spoke up for extra drinks and these were given to them. Compliments were also recorded in the form of letters, cards and review notes. All of this meant the service was responsive to people's needs.

Good

Is the service well-led?

Our findings

The service was run as a small shared home where people's best interests were upheld to ensure a harmonious lifestyle for everyone. People indicated that they were satisfied with the support they received because they accepted each other's lifestyles and preferences and shared the house well. Staff we spoke with said the culture of the service was, "Homely, person-centred, progressive, responsive and supportive."

There was a registered manager in post who had managed the service for the last seven months. 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 registered manager and provider were fully aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Notifications were sent to the Care Quality Commission (CQC) and so the registered provider fulfilled their responsibility to ensure any required notifications were notified under the Care Quality Commission (Registration) Regulations 2009.

The management style of the registered manager was open, inclusive and approachable. Staff told us they had good relationships with the registered manager and that any concerns or ideas they had were expressed openly, discussed and considered.

People maintained good links with the local community, where possible, through health services, entertainment facilities and visiting local shops, stores and cafes. Relatives played an important role in helping people to keep in touch with the community by visiting and encouraging them to call on them or stay over.

System for monitoring and quality assuring the delivery of the service were in place and used to ensure people received an improved service. We saw that there were quality audits completed on a regular basis and that satisfaction surveys were issued to people that used the service, relatives and health care professionals.

Information from the audits was collated on computer, where it was analysed and an action plan produced to address issues. Surveys were sent out by the organisation directors on an annual basis and returned directly to the head office. Staff told us they were informed that the latest survey results had been the most positive yet. Staff meetings were used to discuss findings of the quality assurance systems, any improvements needed and how these would be implemented. We saw evidence of the quality assurance systems in operation held on the organisation's computer system.

People were consulted daily on what they wanted to do or where they wanted to go. The registered manager always ensured there was a member of staff on duty approved to drive the service's vehicle, so that

people were not restricted in their choices.

Staff attended meetings to ensure they were kept up-to-date with the running of the service, people's needs and any aspirations, choices or preferences they may have expressed. Meeting minutes were seen and any staff member that was unable to be at the meeting signed the minutes to show they had read them.

The service kept records regarding people that used the service, staff and the running of the business. These were in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held.