Foxglove Care Limited

Foxglove Care Limited - 3 The Causeway

Inspection report

Kingswood
Hull
Humberside
HU7 3AL

Tel: 01482828392
Website: www.foxglovecare.co.uk

Date of inspection visit:
24 November 2016

Date of publication:
30 December 2016

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

3 The Causeway is a three storey house situated in a residential setting close to local facilities including a shopping complex, restaurants, a cinema and a bowling alley. The home's ground floor comprises a kitchen dining room and a separate laundry area. The first floor has one bedroom, a lounge and an office, the third floor has two bedrooms, each bedroom has ensuite facilities. At the time of the inspection there were two people living in the home.

This announced inspection took place on 25 November 2016; we gave the service 24 hours' notice of the inspection because it is small and we needed to know that people and the registered manager would be in. The last inspection of the service took place on 13, 20 and 27 February 2015. The registered provider was non-compliant with the regulation pertaining to safeguarding vulnerable adults.

During this inspection we saw that the registered provider had taken action to ensure people who used the service were protected from abuse and avoidable harm which meant they had achieved compliance with the regulation.

The service had a 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.

The people who lived at the home had complex needs which meant they could not tell us their experiences. We used a number of different methods to help us understand the experiences of the people who used the service including the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who were unable to speak with us. It was clear that the people who used the service trusted the staff who supported them. Staff looked for visual cues as well as listening to the tone and pitch of the sounds people made to understand what they were trying to communicate.

People who used the service were supported by suitable numbers of staff who knew how to keep them safe. The registered provider had developed plans to deal with foreseeable emergences. Staff had been recruited safely following the completion of appropriate checks. Medicines were ordered, stored and administered safely and people received their medicines as prescribed.

Staff were supported effectively and had completed relevant training to enable them to meet the assessed needs of the people who used the service. Staff understood how to gain consent from people who used the service; the principles of the Mental Capacity Act 2005 were followed when people could not make specific decisions themselves. People were supported to eat a healthy diet and drink sufficiently to meet their needs. People who used the service were supported by a range of healthcare professionals to ensure their needs were met effectively.

People who used the service were supported by caring and attentive staff who understood their needs and knew their preferences for how their care and support should be delivered. Staff explained things in a way that people could understand they made eye contact and changed their tone of voice when speaking. Staff treated people with dignity and respect and supported people in an inclusive and nurturing atmosphere.

The staff and registered manager were responsive to people's changing needs. Reviews of people's care took place on a regular basis; people and their appointed representative were involved in the initial and on-going planning of their care. Care plans had been created which focused on supporting people to maintain and develop daily living skills whilst remaining safe. People took part in a range of activities and went to social events. The registered provider had a complaints policy in place that had been created in a format that made it accessible to the people who used the service.

The service was led by a registered manager who understood their responsibilities to inform the CQC when specific incidents occurred. A quality assurance system was in place that consisted of audits, daily checks and questionnaires. Action was taken to improve the service when shortfalls were identified.

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. People who used the service were protected from abuse and avoidable harm.

Staff who had been recruited safely were deployed in suitable numbers to meet the assessed needs of the people who used the service.

Known risks were recorded and action was taken to ensure they were mitigated when possible.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective. Staff received one to one support, supervision and mentorship.

People or their appointed representative provided consent before care, treatment and support was provided.

People received a healthy and balanced diet. When nutritional or general health concerns were highlighted, healthcare professionals such as dieticians, speech and language therapists and GPs were contacted to gain their advice and guidance.

Is the service caring?

Good

The service was caring. It was clear staff had built positive and supportive relationships with the people who used the service.

Staff were aware of people's preferences for how care and support was to be delivered.

Staff listened to people's vocal sounds and observed their body language to understand their needs.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive. People and those acting on their

behalf were involved with the planning and reviews of their care.

The registered provider had a complaints policy that was available in an easy read format to ensure it was accessible to the people who used the service.

The service received very few complaints but acted on any feedback that was provided.

Is the service well-led?

Good

The service was well-led. There was a quality assurance system in place which consisted of audits, checks and feedback provided by people who used the service.

There was a registered manager in place who fulfilled their responsibilities to report notifiable events to the Care Quality Commission as required.

Staff told us the management team were approachable and encouraged people and staff to be actively involved in developing the service.

Foxglove Care Limited - 3 The Causeway

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 registered 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 was unannounced; it took place on 25 November 2016 and was carried out by an adult social care inspector.

Before the inspection, the provider completed 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. We spoke with the local authority commissioning and safeguarding teams to gain their views on the service. We also looked at the notifications we received from the service and reviewed all the intelligence CQC held to help inform us about the level of risk for this service.

During the inspection we observed how staff interacted with people who used the service, we used the Short Observational Framework for Inspection (SOFI) and to evaluate the level of care and support people received. We spoke with the registered manager, the team leader, a member of care staff and the relatives of both of the people who used the service to gain their views.

We looked at both people's care plans and their Medication Administration Records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were deprived of their liberty or assessed as lacking capacity to make informed decisions, actions were taken in line with the legislation.

We reviewed a selection of documentation relating to the management and running of the service; including, quality assurance audits and questionnaires, minutes of meetings, staff training and recruitment

information and a number of the registered provider's policies and procedures.

Good

Is the service safe?

Our findings

When we asked people who used the service if they felt safe living at 3 The Causeway they responded in an obviously positive way. A relative we spoke with said, "[Name of the person who used the service] is definitely safe, I know all the staff and they do a very good job of looking after them [all of the people who used the service] I know he is safe, I wouldn't let him stay there if he wasn't." Another relative told us, "He is very safe, the staff are well trained and they look after him [The person who used the service]."

At our last inspection of the service we found people were not always protected from bullying and avoidable harm. We checked the service's accident and incident records and saw that incidents of violent and aggressive behaviour had been recorded but no action had been taken to prevent the possibility of their future re-occurrence. The incidents were not investigated and therefore lessons had not been learnt and preventative action had not been taken. This was a breach of Regulation 11 of The Fundamental Standards; the 2010 Regulations.

During this inspection we saw that appropriate action had been taken to comply with Regulation 11 which corresponds with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had completed relevant training and understood their responsibilities to report any abuse or poor care they became aware of. A member of staff we spoke with said, "We are a close team, all the houses are and all the staff have real relationships with the people they support, we wouldn't tolerate any one being treated badly, I would report anything I saw straight away."

People who used the service were protected from abuse and avoidable harm. The registered manager explained, "We have recently had to find new accommodation for one of the people who lived here, things weren't working as well as they did and we thought it was the best thing to do. The atmosphere has really changed now and the guys seem to have come out of their shells." A member of staff said, "Things are better now, [Name of a person who used the service] was targeted a bit and ended up spending lots of time in their room, they are so much more confident now, less on edge and just generally happier."

Known risks were mitigated to ensure people remained safe whilst undertaking a range of different activities. The team leader explained, "When I first started the guys weren't doing that many activities that was the first thing I changed. We do risk assessments for some things and assess how many staff are needed, we have extra staff for some activities and make sure places are safe before we go anywhere."

Plans were in place to deal with foreseeable emergencies. Fire evacuations plans had been created for people who used the service and a pictorial version of the plan was displayed in the main entrance to the service so that the people who used the service were aware of it. The registered provider had created continuity plans which staff were expected to follow in the event of an emergency such as the loss of facilities and staffing crisis'.

We spent time observing the support offered to people and the interactions between staff and the people who used the service. It was evident that the staff had a good understanding of people's needs and abilities. Staff considered and managed people's desire to be independent with the need to keep them safe. For example, one person did not need staff to support them to descend the stairs but due to their issues with balance staff walked in front of them so if the person slipped or became wrong footed they were there to ensure the person did not fall.

We reviewed three staff files and saw that suitable checks had been completed before prospective staff were employed by the registered provider. The files we saw contained interview questions and responses, defences and Disclosure and Barring Service (DBS) checks. The DBS complete backgrounds checks and enable organisations to make safer recruitment decisions. This helped to ensure people were not supported by staff who had been deemed unsuitable to work with vulnerable adults.

People who used the service were supported by suitable numbers of staff. The registered manager told us, "One of the guys is funded for one to support 24 hours a day and the other has 41 hours a week. We would like more staff but we have tried to work out the best times to have two staff on so they [the people who used the service] can go out and do things." They also said, "There is always a manager or team leader on call so there is always someone on the end of the phone who can help or even come to the service if needed." The team leader commented, "One of the guys had his hours reviewed and reduced so we have had to be creative with the time we have to make sure they guys get the most out of the time they have. We can't be as spontaneous as we were, we can't just go out whenever we feel like it but we plan things in advance and they [the people who used the service] still get to do all sorts of things."

Records showed that 3 The Causeway was used as a respite service and that staffing levels were increased accordingly when the additional person attended the service. A member of staff we spoke with said, "I would like more staff at certain times, it's always two staff in the daytime but between 3pm and 10pm there is only one and I think it would be better with two." A relative we spoke with said, "I know they [the registered provider] would have more staff on if they could and I know nothing bad has ever happened but I do prefer it when there are two staff working."

Plans were in place to deal with foreseeable emergencies. Fire evacuations plans had been created for people who used the service and a pictorial version of the plan was displayed in the main entrance to the service so that the people who used the service were aware of it. The registered provider had created continuity plans which staff were expected to follow in the event of an emergency such as the loss of facilities and staffing crisis'.

People received their medicines as prescribed. We saw that suitable arrangements were in place for the ordering, storage and administration of medicines. Protocols had been developed to ensure when PRN [as required] medicines were used this was done safely and consistently. The Medication Administration Records (MARs) we saw had been completed accurately without omission.

We observed people being supported to take their medicines. Each person had individual routines for how they preferred to take their medicines, which were clearly recorded in the care plans. For example, one person had their tablets laid out in front of them and took each one separately. The team leader told us, "it's the way he likes to do it and we watch him to make sure he takes them all" and went on to say, "[Name of the person who used the service] has most of his [medicines] in liquid format, he knows what they are and prefers to take them that way."

Good

Is the service effective?

Our findings

When we asked people who used the service if they were happy with the meals provided for them at 3 The Causeway they clearly indicated they were. A relative commented, "The food is great, all the meals are home cooked, he gets the right things as well, vegetables, salads and fruit." Another relative said, "I know he is happy with the food because he has put a bit of weight on, he is actually on a diet at the moment, he has seen the doctor and they [the staff] are encouraging him to eat the right things."

Relatives we spoke with praised the skills and abilities of the staff who supported their family member. Their comments included, "All the staff are great, they are really well trained, they all seem to know just what to do." A second relative said, "They are brilliant."

We saw evidence to confirm staff had completed a range of training to ensure they had the skills and abilities to meet the assessed needs of the people who used the service. The registered provider had made certain topics mandatory for all staff including safeguarding vulnerable adults, moving and supporting people, fire, food hygiene, first aid, medication and infection prevention and control. Other person specific training had also been undertaken by staff such as Non-Abusive Psychological and Physical Intervention (NAPPI) epilepsy, bowel management and Makaton.

Records showed staff received effective levels of one to one support and mentorship. One to one meetings were used to look at areas staff had performed well in, could improve on, team work and any additional training staff thought would be beneficial to their role within the service. The registered manager explained, "We have had to get back on top of the meetings; because we interact with the staff every day and discuss situations as they come up but since the new team leader has been here we have made time for more formal meetings." The team leader told us, "We have started to look at reflective practice in the team meetings, how we function as a team, what we call do differently to achieve more, that sort of thing."

Throughout the inspection we heard staff offering people choices and explaining the care and support they wanted to deliver before doing so. Staff gauged people's reactions and it was apparent that staff understood the communication methods of the people they supported. The team leader told us, "We are constantly assessing what people are communicating to us, we use our body language and tone of voice and make eye contact, but what works for me does not necessarily work for someone else so we all have to adapt."

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. We saw evidence that the registered provider followed the principles of the MCA and ensured best interest meetings were held when people lacked the capacity to make informed decisions themselves. The best interest meetings were attended by relevant professional and other people with and interest in the person's life such as their families.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection DoLS applications had been submitted to and were awaiting approval from the relevant authority.

People who used the service ate a balanced and varied diet of their choosing. We saw that food was prepared by staff who were aware of people's dietary requirements and personal preferences. Food temperatures were routinely recorded to ensure food had been cooked thoroughly to the required temperature. A member of staff told us, "I cook most things from scratch; we have curries, lasagnes, roast dinners, anything we can think of really, we make it and if the guys don't like it we know for next time."

When issues with people's weight were identified appropriate action was taken. We saw a nutritional support and diet plan had been developed to enable one person to lose weight, which included healthy options the person was known to like.

Records showed the people who used the service were supported by a number of healthcare professionals including GPs, speech and language therapists, community learning disability nurses and epilepsy specialists. This helped to ensure people received the most appropriate care and support to meet their needs.

Good

Is the service caring?

Our findings

When we asked people who used the service if the staff who supported them were caring they indicated that by demonstrating positive non-verbal responses.

A relative we spoke with said, "I think the staff deserve a medal for the care they provide" and "It's a real family atmosphere, that's what I really like, I know they are there to do a job but it's like they are just one big family at that house." A second relative told us, "He is definitely well cared for; the staff are brilliant with him. I know he is happy there I could tell if he wasn't."

It was evident from people's reactions to the staff who supported them that caring, supportive and trusting relationships had been formed. The team leader told us, "It's a privilege to work here; you want the guys to be happy that you have arrived. We work every day on building their trust." They also said, "I think our job is to push their boundaries, help them gain experience, take them to places they have never been, show them things they have never seen." The registered manager told us, "I still enjoy working hands on with the guys, helping people is the reason I do this job, I love it."

We heard staff using different tones of voice when communicating with people; staff consistently started each part of a conversation with the person's name so it was clear to the person who was being spoken to. We observed staff making eye contact with people when speaking to them, The team leader explained, "It's different for all of the staff, what works for me might not work if you try it" and "We all use their names and the start of conversations unless we're making eye contact but you can't keep it [eye contact] all the time because then you are just staring which can be intimidating."

When staff gave people instructions or asked questions such as, 'can you get your coat' or 'put your shoes on'; they did so in a calm and encouraging way. The team leader told us, As long as we explain things slowly the guys can understand most things. We do have picture cards for things like the nurse of the doctor but they don't really need them now, they are both quite clever." We saw that staff had undertaken Makaton and other training to aid effective communication with the people who used the service.

We noted that staff used intensive interaction skills, using their awareness of people's body language and vocal sounds to interpret their wants and needs and to manage their behaviours before they escalated. The team leader explained, "We have had lots of support from the speech and language therapist, they told us to mirror the noises [name of the person who used the service] makes and then try and repeat them but quieter to help him calm down, it's been really helpful and seems to work."

Staff ate their meals with the people who used the service which promoted inclusiveness and enhanced the supportive relationships within the service. A member of staff said, "We are a family and families sit down and eat together, it's a very natural thing to do."

There were no restrictions on visiting times. The registered manager told us, "We don't have set visiting but they [the people who used the service] have their routines. [Name of a person who used the service] sees his

mum on a set day as that's just how it works, [Name of another person who used the service] calls in the morning and say she wants to take him to lunch or out for the day so that's what happens."

Care files and other private and confidential information were stored safely. The registered provider's IT systems required personal log in and password details to gain access and staff confirmed that confidentiality was covered in their induction. This helped to ensure unauthorised people did not have access to personally sensitive information.

Good

Is the service responsive?

Our findings

Relatives we spoke with told us their family member's received personalised care. They also confirmed that they were involved with initial and on-going planning of their family member's care. One relative said, "I am involved in everything, they [the service] always keep me updated with everything that's happening and let me know if he [the person who used the service] needs to see a doctor or a dentist or go to the hospital." Another relative commented, "I come to all the meetings, the reviews, the assessments; everything."

Reviews of people's care and support took place regularly. Records showed they were attended by people who used the service as well as their appointed representative and other people with an interest in their care. The registered manager confirmed that the local authority commissioners completed a review each year as did the registered provider. This meant people's care was reviewed at least every six months. The team leader explained, "The reviews are good for everyone to discuss what has been happening in their [the people who used the service] lives, what is going well and what additional support is needed."

People who used the service were supported to attend regular reviews with community psychologists and specific health related reviews were also held annually such as epilepsy and mental health. This helped to ensure people's care was effective and responsive to their changing needs.

Care plans had been developed to ensure people received consistent and effective care in all aspects of their lives. The team leader explained, "The care plans are quite good but they are living documents, they evolve and change all the time. Like I've said just because something works when I do it does not mean it works for the other or that it will always work for me. That means we have to change how we do things and the care plans have to change as well."

Care plans had been created for areas including emotional and psychological, communication, mobility, bowel management, health, medication, personal care and night care. Each care plan had a corresponding risk assessment to ensure staff were aware of known risks and the action the registered provider expected them to take to mitigate them. The care plans we saw were person centred and consistently re-enforced the need to support people to maintain their independence and develop their daily living skills.

People who used the service were encouraged to take part in a range of activities and take advantage of educational opportunities. The team leader explained, "The guys had stopped doing quite a few things when I first started, we have slowly introduced those things back into their lives." Daily records showed the people who used the service had recently been on a holiday in the UK, visited local areas of interest, attended activity centres and been to parties. The registered manager said, "Lots of the people form Foxglove services go to a night club so the guys see a lot of the same faces which is good, they both attended a Halloween party recently, they got dressed up and it was a lot of fun."

The registered provider had a complaints policy in place which was available in an easy read format which ensured its accessibility to the people who used the service. Relatives we spoke with confirmed they knew how to raise concerns or make a complaint. One relative said, "The only complaint I would make is I don't

like that he gets less hours then he used to but that's not their [the registered provider's] decision that's the commissioners" and "He gets great care from people who do a great job so what could I complain about?"

We reviewed the minimal amount of complaints received by the service and saw each complaint was investigated and responded to in line with the registered provider's policy. Whenever possible learning was shared with staff to improve the level of service provided. The registered manager told us, "We haven't had a complaint in all the time I have been the manager which is about a year and a half."

Good

Is the service well-led?

Our findings

Staff told us the registered manager was approachable, supportive and a consistent presence within the service. One member of staff said, "She is always available, whenever we need anything she is there." The team leader commented, "The registered manager delivers hands on care like I do" and went on to say, "We are all one big team, I would never ask the staff to do anything I wouldn't do."

People who used the service, their relatives and staff were involved in developing the service. We saw that questionnaires had recently been sent to the service by the registered provider to gain people's views on the service. The questions included ranged from 'do you have control in your life?' and 'how do you feel about your social life?' to 'how is your health?' The questionnaire used a pictorial happy to sad face scale to make it more accessible to the people who used the service. A member of staff said, "We will help them to fill them in because they can't do it themselves and we understand what they mean when they react to the questions; I think the questionnaires go to their families as well."

Team meetings were held regularly which were used as an opportunity to discuss training requirements, standards within the service, activities and team work. This helped to ensure staff were aware of their responsibilities and had a forum to raise any concerns or make suggestions about how the service was run. The registered manager told us, "We encourage the staff to make suggestions, new activities, new places to go."

The registered provider's auditing system covered all aspects of the service including accidents and incidents, recruitment, health and safety and care planning. Quality assurance checklists were used ensured the cleanliness and general maintenance of the service and care observations reviews assessed staff's abilities to deliver high quality, person centred care that promoted people's dignity and enabled people to make choices in their daily lives.

We saw recently completed quality assurance checklists had highlighted areas of the service that required maintenance and we noted that the work had been completed in a timely way. The findings of a recent care plan audit had brought about changes to the style and format of the care plans which made information more accessible for staff. However, the audits failed to identify PRN [as required] medication protocols had not been reviewed for over a year. We discussed this with the registered manager who confirmed all protocols would be reviewed to ensure they remained accurate.

Innovation and dedication were recognised and promoted by the registered provider. The registered manager explained, "In the last managers meeting we started talking about staff that were going the extra mile. We decided to start a recognition scheme, one of my staff won the first award and it's just a little something so the staff know we appreciate their hard work."

Managers meetings were held on a regular basis to discuss changes to legislation, the wellbeing of the people who used the service, training requirements and any issues that arose. The registered manager told us, "We have just met the new operations director in the last managers meeting; they will be the link

between the directors and all the registered managers. Their job will be to implement best practice, standardise some of our paperwork so the services all have the same things and manage us [the registered managers employed by the registered provider]. This provided assurance that the registered provider would be aware of the day to day management of the service.

The registered manager was aware of and fulfilled their responsibilities to report accidents, incidents and other notifiable events that occurred within the home. During the inspection we reviewed the accident and incident records held within the service and saw that they matched the information that had been sent to the Care Quality Commission.