

Foresight Residential Limited

Foresight Residential Limited - 66 Leeds Road

Inspection report

66 Leeds Road
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North Yorkshire
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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

About the service

Foresight Residential Limited - 66 Leeds Road is a residential care home providing support and some personal care for up to 10 people. At the time of the inspection there were 10 people using the service. The building is an adapted detached house located close to the centre of Harrogate.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, cameras or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having opportunities for them to gain new skills and become more independent although some goals and objectives needed recording and reviewing in a clearer way.

People told us they felt safe and secure within the home and systems in place supported their safety. Risks to people's health and safety were assessed and mitigated and positive risks were taken to help ensure people accessed the community. Medicines were managed in a safe and proper way. There were enough staff deployed to ensure people received a high level of support. Incidents were recorded and lessons learnt when things went wrong.

People received effective care that met their needs. People had a good choice of food and nutritional needs were met. The service liaised with the range of health professionals to help ensure needs were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The premises were appropriately adapted to meet people's individual needs.

Staff were kind and caring and treated people well. People had influence on their care and how the service was run. Staff treated people with dignity and respect and helped promote their independence.

People's care needs were assessed, and a range of care plans put in place which were regularly updated. These were clear and person-centred. The service was meeting the requirements of the accessible information standard, ensuring the needs of those with communication difficulties were met. Care plans needed more information recording about how the service helped people to maintain relationships. We have made a recommendation relating to this.

There was an open and inclusive culture within the home. People and staff praised the management team and said they felt able to approach and discuss issues with them. A range of audits and checks were undertaken, and these had been improved since the last inspection. Provider visits were however still inconsistent. We have made a recommendation regarding this.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 July 2017).

Why we inspected

This was a planned inspection based on the previous rating

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

See our safe findings below.

Is the service effective?

Good ●

The service was effective

See our effective findings below.

Is the service caring?

Good ●

The service was caring.

See our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

See our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

See our well-led findings below.

Foresight Residential Limited - 66 Leeds Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Foresight – 66 Leeds Road is a 'care home'. People in care homes receive accommodation and 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, five support workers and the cook.

We reviewed a range of records. This included elements of three people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People told us they felt safe in the home and said staff and the other people they lived with treated them well. Staff had received training in safeguarding and demonstrated a good understanding of the subject.
- Where incidents had occurred, these were well managed. Safeguarding incidents were fully investigated and measures put in place to learn from them, improving the safety of the service. There was an open and transparent culture within the home with staff not afraid to raise issues or concerns.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and mitigated. Staff demonstrated a good understanding of the people they supported and their individual needs. This gave us assurance risk assessments were followed. We saw comprehensive risk assessment documents were in place using an electronic care management system.
- Positive risks were taken to ensure people had independence and freedom. For example, following behaviours that challenge in the community, comprehensive risk assessments were developed in conjunction with external professionals to support people to continue to access the community safely.
- The premises and equipment was safely managed. The building was adequately maintained, although one of the lounge carpets needed replacing. We saw plans were in place to do this. Safety checks took place on the building for example to the fire, gas and electric systems.

Staffing and recruitment

- Safe staffing levels were in place which ensure people were appropriately supervised and kept occupied. People we spoke with said staff were available to assist them when needed. Staff told us there were enough staff to ensure people received the good care and support including their contracted hours of individual support.
- Safe recruitment procedures were in place which helped ensure staff were of suitable character to work with vulnerable people. Staff demonstrated they had appropriate skills, knowledge and the right personal attributes to work within the service.

Using medicines safely

- Medicines were managed in a safe and proper way. People received their medicines as prescribed by trained staff who had their competency to give medicines assessed annually. Medicines were stored safely and securely, and appropriate records were kept of administration.
- People were encouraged to self-administer medicines following risk assessment to help develop their independence and life skills.

Preventing and controlling infection

- The home was kept clean and tidy. Staff had time to complete cleaning tasks and worked to planned schedules. People were encouraged to participate in cleaning activities around the home, particularly their bedrooms.

Learning lessons when things go wrong

- The service learnt from incidents and adverse events. Incidents were periodically analysed to look for any patterns. There had only been seven incidents within 2019 with no concerning themes and trends. Analysis had been done on each incident and any learning clearly documented and actioned. For example, following a medicine error a new procedure had been developed and additional training provided for staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to using the service and used to develop care plans which were in line with recognised standards and guidance. Care plans provided clear evidence that people's needs had been assessed. People said they received appropriate support and staff understood people and their needs well.

Staff support: induction, training, skills and experience

- Staff had the right skills, training and experience to care for people effectively. New staff received a comprehensive induction to the service and received regular training. Staff we spoke with had a good understanding of the topics and people we asked them about.
- Staff received regular supervision and appraisal. Staff told us they felt very well supported by the registered manager and were encouraged to develop confidence, skills and knowledge to help with their personal development. Bespoke arrangements were in place for each staff member.

Supporting people to eat and drink enough to maintain a balanced diet

- People had access to a varied range of food based on their individual needs and preferences. People praised the food. One person said, "Food is nice here, we have a choice, we have a menu and on that menu are two different choices each mealtime." Menus were developed in conjunction with people and people were encouraged to assist in the preparation and cooking of food to help develop life skills.
- People's nutritional needs were assessed, and care plans put in place to help ensure they received an appropriate diet. People's weights were regularly monitored, and the service liaised with health professionals such as dieticians where appropriate.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were assessed and met. People had access to a range of health professionals. Clear information was recorded on how staff should support people with their health. However, the completion of health action plans was not consistent. Health action plans are documents for people with learning disabilities stating how they will stay healthy. We raised this with the registered manager and had confidence it would be addressed.
- People were encouraged to maintain a healthy lifestyle; however some care plans would benefit from more information to demonstrate people's individual plans of care in this area. We raised this with the registered manager to ensure it was addressed.
- People's oral health needs were assessed and met. Clear care planning was in place in this area and we

saw people had access to appropriate dental hygiene products. People had access to a specialist dental service.

Adapting service, design, decoration to meet people's needs

- Whilst the service had been designed prior to the registering the right support guidance, adaptations had been made to ensure the premises met people's needs and promoted their independence. For example, people's bedrooms were heavily personalised, and they had a choice in how it and the wider home was decorated.
- Signage and notices were kept at a minimum to make the environment homelier and people had several communal spaces where they could spend time and participate in their hobbies and encouraged to leave their possessions and equipment throughout the home. People were encouraged to help around the home and had unlocked access to facilities such as laundry and the kitchen to help promote independence.
- The home was spacious with appropriate rails, and adaptations to meet the needs of people with a sensory impairment. This included clear distinctions between the carpets and walls and bands around light switches to help people identify them. We saw people were familiar with the environment and able to use it comfortably.

Ensuring consent to care and treatment in line with law and guidance

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- The service was acting within the legal framework of the MCA. We saw people were involved in decision making to the maximum extent possible. Where there was the possibility people lacked capacity, assessments were undertaken, and best interest processes followed if appropriate.
- DoLS were managed appropriately. At the time of the inspection one DoLS was in place and we saw conditions were being complied with. Other applications were awaiting assessment by the local authority.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated fairly and kindly from compassionate staff. People and health professionals all praised the staff and the atmosphere within the home. One person said, "This really is the best house anyone can think of living in, the atmosphere is good, the staff are really good." Another person said, "We have our banter and fun and all get on." We observed staff treated people well and people were relaxed and comfortable in their presence.
- People and staff had developed strong relationships. People had assigned key workers who were responsible for reviewing people's care and support and helping them set and achieve goals. People praised their key workers and the level of support they had provided them in helping to achieve things. Staff were very knowledgeable about the people we asked about and were able to tell us what was important to each person and how they helped them achieve their goals.
- People were treated fairly, and reasonable adjustments were taken to ensure people were not discriminated against. This included making sure everyone had good access to the community, regardless of their disability. As many people who used the service had a sensory impairment thought went into ensuring people received the right support in line with their needs. For example, in providing appropriate activities that stimulated other senses such as touch. Staff had received training in equality and diversity and had a good understanding of the subject.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and were involved in decision making. We saw staff effectively communicating with people using bespoke techniques. For example, using finger spelling with one person. Staff understood people and their communication needs very well and took the time patiently to find out what each person needed.
- Where people did not have representatives, advocates were sought to help ensure people's rights were respected. We saw this had been done with good effect to ensure a person's rights and preferences were fully considered when developing a risk assessment to allow them to independently access the community.

Respecting and promoting people's privacy, dignity and independence

- The service was effective at promoting people's independence. People routinely helped out around the home, doing house tasks and assisting with food and drink preparation. Some people self-administered their medicines and staff worked with people to help them achieve a greater level of independence within the community.
- People had goals around increasing their independence, however these needed to be recorded and

reviewed in a clearer way to better evidence how people were working towards goals. We raised this with the registered manager to ensure it was addressed.

- People were treated with dignity and respect and their privacy upheld. Staff were mindful of giving people their own space and not distributing them if they wanted privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and preferences. People told us they received high quality support that met their individual needs. Professionals also praised the service. Care records were kept electronically. These demonstrated people's needs had been assessed and provided clear and in most cases, person centred information for staff. Staff had a good understanding of the people they supported, providing us with assurance care plans were followed.
- People's care needs were reviewed on a regular basis. People had monthly key worker meetings with staff to discuss how their care was going. People praised their relationships with their key workers.
- Staff gave us good examples of how they supported people to maintain relationships. However more information about this was needed within pre-assessment and care plan documentation. We raised this with the registered manager to ensure it was addressed.

We recommend the service reviews its approach to assessing and recording people's sexuality and relationship needs to ensure it is in line with recognised guidance.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the requirements of the AIS. People had clear communication and sensory care plans in place detailing how staff should support them appropriately. Adjustments were made for people. For example the service had a braille machine to provide documents to people in this format if required and documents such as meeting minutes were made available in large print to assist some people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a wide range of activities and social opportunities. Many people who used the service accessed day services provided by other organisations. The service supported people effectively to attend these. During holiday periods when day services did not take place, an enhanced range of activities including day trips were available to people.
- In addition, staff were flexible in their approach and provided activities on a daily basis in line with people's preferences. Strong links were maintained with the local community with people attended cafes and events at local organisations.

Improving care quality in response to complaints or concerns

- An appropriate system was in place to log, investigate and respond to complaints. People and staff said the registered manager was approachable and listened to any issues they raised. We saw appropriate action was taken to address any complaints, concerns or incidents which took place within the service.

End of life care and support

- At the time of the inspection the service had not provided any end of life care. People's end of life care needs had been assessed were recorded and information on people's religious needs and spirituality was recorded to assist staff should the need to provide end of life care arise in the future.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection sufficient improvement had been made to for this key question to improve to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a positive, open and inclusive culture within the home which helped people achieve positive outcomes. People praised the home and said they enjoyed living there. Staff told us morale was good and demonstrated a person-centred approach to the delivery of care and support.
- A registered manager was in place. People and staff said the registered manager was approachable and involved in how the service ran on a day to day basis. We found them to be knowledgeable about how the service operated and about the people who lived there.
- The management team were open and honest with us and there was a culture of continuous learning when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements ; Continuous learning and improving care

- Quality performance systems were in place and were well understood by staff. Since the last inspection the range and effectiveness of audits had improved. A range of audits were now in place. For example, a dignity audit had been undertaken and where gaps in staff knowledge and practice were identified this was discussed at staff meetings to improve practice.
- Since the last inspection the provider had obtained support from a consultant who undertook regular audits of the service to improve oversight of the service. This helped the service to keep up-to-date with the latest practice and helped continuous improvement. We saw their suggestions had been taken on board by the service. However, although provider audits were due to be undertaken monthly, these had not happened for several months.

We recommend the provider ensures provider visits and support for the management is consistently provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People well fully involved in the service and how it operated. People told us they had influence over how the home ran. This including the events that occurred in the home, menus, decoration, the suitability of equipment and technology and how the home was laid out. People's views were sought on a regular basis

through various mechanisms including group and individual meetings with staff. Surveys were also undertaken with people and relatives

- The service helped people to be integrated into the local community. People were encouraged to attend events local to the home and get to know local organisations.

Working in partnership with others

- The registered manger worked closely with two other homes run by the same provider. In addition, they attended regular events and meet ups with the local authority. They worked with local community organisations and people's day centres to help ensure co-ordinated care and opportunities for people.