

AS Care Solutions Limited

The Foothills

Inspection report

9 The Foothills
Rochdale
Lancashire
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Tel: 07976848608

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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: The Foothills is a three bedroom modern house on the outskirts of Rochdale. The service provides personal care for up to four people with a mental health illness. There were three people accommodated at the home on the day of the inspection.

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

People's experience of using this service:

People told us they felt safe living at the service. There were systems in place to protect people from abuse.

Risk assessments were in place to identify possible risks to people's health and well-being and measures were implemented to manage the risks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

There were sufficient staff to meet people's needs. During the day staffing was usually on a one to one basis so people could attend activities of their choice.

People were involved in discussions about their care and had regular meetings with their allocated key worker to review their physical and mental health. People also had chance to discuss their views at regular house meetings.

People were encouraged to engage in activities, pursue hobbies and socialise. People were encouraged to remain in contact with their family and friends.

People were encouraged to be independent. Staff supported people to maintain or improve their life skills such as cooking.

Staff received an induction when they commenced working at the service and further training was provided in all key topics. This ensured staff had the skills to meet people's needs.

The provider's governance systems and processes were effective and identified areas of the service where improvements were needed. The registered manager and the provider completed regular audits to ensure the service provided to people was effective and safe.

The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good".

Rating at last inspection: The rating at the last inspection of 09 September 2016 was good.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor the service through information we receive and future inspections.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

The Foothills

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one adult social care inspector.

Service and service type: The Foothills is a small care home providing care for people who have a mental health illness. People who use care homes receive accommodation and nursing or personal care. 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: We gave the service 48 hours' notice of the inspection visit because this is a small service and we needed to be sure that the manager would be at the home.

What we did: Before the inspection we reviewed information, we held about the service including notifications the service was required to send us about things happening in the home and at the shared lives scheme. We also contacted the local authority commissioning and safeguarding teams who raised no concerns with us about the service.

In addition, the provider completed a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection of The Foothills we spoke with two people who used the service, one relative of a person who used the service, the registered manager, the nominated individual and three support workers. We also reviewed the care and medication records of two people and records relating to the management of

the service. We observed interactions between staff and people who used the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- ☐ A person who used the service said, "I am safe here. The staff and other people who live here are all right."
- ☐ Systems were in place for staff to report any concerns they had about people being at risk of abuse.
- ☐ Care staff had undergone training in safeguarding people and knew how to recognise abuse and protect people from the risk of abuse.

Assessing risk, safety monitoring and management.

- ☐ Risks to people were assessed and individual to each person.
- ☐ Risk assessments were updated regularly to ensure people's health and social needs were met.
- ☐ The environment and equipment was maintained to a high standard.
- ☐ Each person had a personal emergency evacuation plan to assist the fire service if a fire occurred.
- ☐ There was a business contingency plan to ensure the service responded to any other type of emergency.

Staffing and recruitment.

- ☐ There were sufficient well-trained staff to meet people's needs. During the day there was usually one member of staff for each person who used the service. This gave staff time to sit and talk to people or take them out to attend activities or appointments.
- ☐ Staff were recruited robustly to ensure they were safe to work with vulnerable people.

Using medicines safely.

- ☐ At the last inspection we saw medicines were safely administered. At this inspection we found the systems and checks for ensuring medicines continued to be safe.
- ☐ Staff were trained in medicines administration and had their competencies checked to ensure they continued to follow good practice.

Preventing and controlling infection.

- ☐ We saw the systems for the prevention and control of administration remained safe.
- ☐ Staff were trained in infection prevention and control and used policies and procedures to follow safe practice.
- ☐ The home was clean and tidy. People were encouraged to help maintain the cleanliness of the home and there was a system for managers to check all cleaning had been completed.

Learning lessons when things go wrong.

- ☐ The registered manager said through discussion with people who used the service they had sought out activities people enjoyed rather than what staff thought they should and better promotion of equality and

diversity.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Two people who used the service told us, "They are giving me the support I need." and "This is a good home for me. I would not be able to live on my own."

A family member told us, "The service is good. I think they provide an excellent service. They are welcoming to me and look after [my relative]. I am happy with service. I think [my relative] is improving. I am impressed with the way they care for people."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).>

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- ☐ We observed staff asking people what they wanted to do and waited for their response prior to completing any task or activity.
- ☐ We saw that people had signed their consent for their care and treatment.
- ☐ For the one person who was subject to restrictions on their liberty, appropriate processes were followed to ensure the restrictions were the least restrictive in line with the Mental Capacity Act (MCA) and reviewed to ensure the restriction continued to be required.
- ☐ Staff had undergone training in the MCA and understood its requirements.
- ☐ Each person had an advocate or independent mental capacity advisor. They are independent professionals who act on a person's behalf to protect their rights and wishes.

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

- ☐ Each person was assessed prior to moving into the home to ensure the home could meet their needs and people were suitably placed. The assessment could take several weeks and allowed the prospective service user time to make up their mind to live at The Foothills. The assessment also ensured the person was a

suitable match for those already living at the home.

- People's needs and choices were explored and incorporated into the care plan. People were involved in any decisions which related to their care and treatment.

Staff support: induction, training, skills and experience.

- Staff we spoke with said, "I feel the training is sufficient to do the job. It is second nature to me now." and "I am new here but I completed the induction. I am up to date with the mandatory training and have a NVQ3 qualification.
- Staff were supported to undertake additional training such as vocational health and social care courses or around people's specific mental or physical health needs.
- New staff received an induction to ensure they were confident and competent to look after vulnerable people. We saw that staff new to the care industry were enrolled upon the Care Certificate which is a nationally recognised training course.

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

- People who used the service told us, "I cook now and again. They are good cooks. I am learning." and "I can cook for myself so have what I want."
- People were encouraged to help plan the menu and supported to cook and shop. Meals could be individual to each person or taken as a group.
- The registered manager said, "The people who use the service decide what they are eating between themselves. We give them healthy eating advice. Nobody is currently seeing a nutritionist but would we would get advice if needed."
- We saw people could make their own drinks and snacks if they wished when they wanted to and join in with cooking main meals.

Staff working with other agencies to provide consistent, effective, timely care.

- People were registered with their own GPs. People had access to a range of professionals and specialist such as psychiatrists.
- Staff followed appropriate guidance provided by healthcare professionals. The service liaised with other organisations and professionals to ensure people's health and social needs were met.

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

- People could personalise their rooms to their own tastes and encouraged to shop for their own items to help retain their independence.
- The home was modern, in good decorative order and well maintained.
- The home was suitable for the younger adults who lived there who were mobile and could access all areas including the garden.

Supporting people to live healthier lives, access healthcare services and support.

- We saw that people were supported to attend routine appointments at dentists, podiatrists and opticians.
- We saw that where any advice was gained this was incorporated with the person's agreement into the plans of care which ensured they received up to date treatment.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ People who used the service told us, "The staff are all right. I am happy here." and "I like it here. The staff are all good people and sound. I am happy living here; it is good."
- ☐ Staff told us, "I would recommend the service to others. It is a very personalised service and we work with other agencies and the service user to improve their lives. I enjoy what I do and supporting people. I think this is the best service I have worked for and if needed recommend it to a family member" and "I have always worked in care. I think this is a very good service to work for."
- ☐ We observed staff attitude during the inspection. Staff were friendly, respectful and had a good rapport with the people who used the service.
- ☐ People did not currently have any special needs regarding their age, gender, sexuality or religion. However, the service did explore their needs during assessment and meetings with their key worker.

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

- ☐ People had chance to sit and talk to their keyworker regularly to discuss their care and treatment. Any decisions were recorded and staff followed through with any activities or support the person required.
- ☐ All the people who used the service could verbally communicate. Information about the service was provided to them in a suitable format.
- ☐ People were encouraged to attend the regular meetings about service provision and their views listened to. We saw that the service responded to people's views. People chose a different menu and were taken to activities they wanted to go to.

Respecting and promoting people's privacy, dignity and independence.

- ☐ People could and did go to their rooms and we saw staff respected their wishes for privacy. One person who used the service told us, "I can have privacy in my own room. Staff allow me privacy."
- ☐ Activities were planned around what the person wanted and where possible people went out on their own or with their friends. Staff supported people only when needed. One person told us he went to visit their relative every day.
- ☐ Getting well and becoming more independent was part of the care program for people who used the service. People who used the service told us they were mostly self caring for their personal needs and supported to become efficient in household tasks.
- ☐ The service supported people who used the service and staff by training and discussion to protect people from discrimination.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- ☐ People's care plans were individual to the person and reflected their choices. Staff told us that people who used the service were involved in the planning and review of care plans.
- ☐ We saw the care plans reflected individuality in the way they encompassed people's wishes.
- ☐ Plans of care were detailed and gave staff sufficient information to meet their needs.
- ☐ People were able to attend meaningful activities of their choice. People who used the service told us, "I like to join in the activities. I think the cooking at college is good. We go to play snooker and darts. I like to watch. I have been shopping today and I bought a coat and some socks." and "I play snooker and table tennis, I like that. I am going to a cookery class and we go on the bus.
- ☐ People could attend activities in a group or on their own. Where possible people could go out independently. On the day of the inspection one person had gone out on their own, one person with a staff member and the third for a walk with a family member.

Improving care quality in response to complaints or concerns.

- ☐ People who used the service told us, "I can talk to the staff if I have any worries. They have done a lot for me so I cannot complain." and "I can talk to the staff here. I have no complaints."
- ☐ The home had a complaints policy in place and people told us they knew how to complain.
- ☐ There was a system to record any concerns or incidents if required. We saw there had been one incident regarding medicines which the service had investigated and taken appropriate action.

End of life care and support.

- ☐ The people accommodated in this home are younger adults and the home does not provide end of life care. However, one member of staff was applying for an end of life course at the local hospice.
- ☐ The registered manager said they would take advice from professionals involved in end of life care to ensure people's needs were met.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- ☐ The registered manager and nominated individual were involved in the day to day running of the home and therefore available to support people who used the service and staff in providing a caring environment. The nominated individual and registered manager worked as a team to maintain and improve standards.
- ☐ We observed people who used the service had a good rapport with managers and staff.
- ☐ Staff told us, "The managers are on call and contactable if we need them when they are not here. The managers are great – very supportive. There is a good staff team." and "The managers are nice and down to earth, supportive and will help when needed."
- ☐ Monitoring systems had been reviewed to ensure they remained efficient and effective.
- ☐ The registered manager was aware of their responsibilities of the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- ☐ The service had good governance systems in place to improve the service. All aspects of the service were monitored.
- ☐ The management team and staff we spoke with demonstrated their commitment to provide a quality service.
- ☐ The staff we spoke with were clear about their roles and what support managers provided.

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

- ☐ The Foothills is a small service and people who used the service regularly had contact with managers and the same staff members to discuss any ideas they had.
- ☐ There were regular meetings for people who used the service to engage and help shape the way the service was run to their satisfaction. A person who used the service said, "I talk to staff about my care especially my key worker."
- ☐ There were regular meetings with staff who could put items on the agenda or bring up topics they wished during the meeting. We saw staff were listened to. One example was the cleaning rota was changed to the way staff wanted it.
- ☐ Staff told us, "Supervision is based on what we want, how we want to progress and is very person centred. Our training needs are discussed." and "I am settling in fine. We have a handover so we know what is going on and meetings where we discuss anything. I think I have had the support I needed to settle in well."

Continuous learning and improving care.

- ☐ Staff were supported to attend training they thought they needed.
- ☐ The service liaised with other organisations to help improve care and support.

Working in partnership with others

- ☐ The service worked with other professionals involved in people's care to provide the right care and support for people who used the service. This included health and social care organisations.