

Foxglove Supported Living Limited

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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

About the service

Foxglove Supported Living Limited provides supported living to people in Hull who may be living with a physical disability, learning disability and/or autism. At the time of the inspection, the service was providing support to 10 people who live in seven houses and one flat within the community. The service was run from an office based in the local area.

The service demonstrated the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were kept safe from avoidable harm and abuse. Staff had the relevant skills and knowledge to assess and manage risks to people's safety and wellbeing. People's medicines were managed safely. However, the provider's monitoring systems had not identified some shortfalls in medicine and decision-making records. The manager addressed shortfalls and advised records and monitoring systems would be reviewed and updated following the inspection. The provider had reviewed their quality assurance systems, though the new system needed to be implemented.

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. Though where people had capacity to make decisions, they were not always recorded in the right way.

People were respected as individuals and care was tailored to people's needs. People chose the staff who supported them and when and received person-centred care. People's healthcare needs were met. Staff worked closely with relevant professionals, followed professional advice and supported people to follow a healthy, balanced diet.

People accessed a wide variety of meaningful activities and were supported to maintain their relationships with family and friends. People's independence was promoted as staff encouraged choice, control and inclusion in the local community in line with the principles and values of Registering the Right Support and other best practice guidance. This enabled people who use the service to develop their skills and independence, achieve positive outcomes and live as full a life as possible.

People and their relatives were happy with the care and support provided and were encouraged to contribute to the development of the service. There was a positive culture and staff promoted people's

rights. People accessed a wide variety of meaningful activities and were supported to maintain their relationships with family and friends.

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

Rating at last inspection

The last rating for this service was good (published 13 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.

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.

Foxglove Supported Living Limited

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 completed by one inspector.

Service and service type

This service provides care and support to people living in eight 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager had worked for the provider for a long time and at the time of the inspection, had submitted an application to register.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We looked at information sent to us since the last inspection such as notifications about accidents and

safeguarding alerts. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people, one relative and observed how staff interacted with people. We also spoke with two care staff, the manager and the operations manager. We looked at a range of documentation including three people's care files and medication records. We reviewed a selection of documentation for the management and running of the service, including tenancy agreements and three staff files.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further information relating to safeguarding and incidents.

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 remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People told us staff administered their medicines at the right time and records confirmed this.
- People's medicines were stored securely, and processes were in place to ensure appropriate stock levels.
- Staff understood how people liked to take their medicines and when they needed them. Guidance for the administration of 'as and when required' medicines had been sought from relevant healthcare professionals. Although, appropriate protocols to guide staff were not always in place, the manager addressed this during the inspection.
- Medication monitoring systems had not identified or addressed all shortfalls. Systems had not identified some hand-written medication records had not been signed by two staff in line with the provider's medication administration policy or the lack of appropriate protocols. The manager informed us they would review and address the shortfalls found in people's medicine records and amend their monitoring system to ensure shortfalls were identified in a timely manner.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff continued to keep people safe from avoidable harm and abuse. Staff had the skills and knowledge to identify and raise concerns to appropriate professionals.
- Staff advocated for people and their right to be safe in the local community. For example, staff provided information and support to enable a person to report a hate crime to the police.
- Accidents and incidents were monitored and used to help prevent reoccurrences.

Assessing risk, safety monitoring and management

- People told us they felt safe with staff.
- Risks to people's safety and wellbeing were appropriately managed. Staff were knowledgeable about how to manage the risks for each person and safety management strategies were clearly recorded in people's care plans.
- Positive behaviour support plans guided staff to reduce people's distress or anxiety. Pro-active strategies were person-centred and effectively used by staff.

Staffing and recruitment

- The provider's recruitment processes were safe and helped ensure only suitable staff were employed.
- People's choices were respected. People had choice and control over which staff members provided their support and when.
- People were supported by a small group of consistent staff who knew them well. 'Bank' staff were used to promote continuity of care if regular staff were unavailable.
- Staffing levels were appropriate to meet people's needs. An 'on-call' system was in place if staff required

extra support.

Preventing and controlling infection

- People were supported to take an active role in keeping their homes clean and tidy. People told us they helped with vacuuming, cleaning their bedrooms and bathrooms and were proud of this.
- Staff were trained in infection prevention and control and appropriately used disposable gloves and equipment to help prevent the spread of infections.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. 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.

- Staff sought people's consent and they were encouraged to make their own decisions. However, some decisions had been incorrectly recorded as best interest decisions. We discussed processes for appropriately recording these decisions with the manager.
- Where people lacked capacity, decisions were made in their best interests with the involvement of their relatives and relevant professionals and records were in place.
- Staff recognised restrictions on people's liberty and made appropriate applications to deprive people of their liberty. Systems were in place to monitor these once authorised.

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

- People's needs were assessed, and services were designed specifically to meet people's individual needs.
- Care was tailored to people's needs. Care plans that detailed people's preferences were regularly reviewed and directed staff to provide care in line with people's needs and personal routines.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to meet people's needs. Induction processes were in place to ensure new staff had the relevant skills and experience to carry out their duties. Staff completed regular training to ensure they were able to meet people's needs.
- Staff were supported in their roles. Staff confirmed the manager was always available. Staff received

regular informal support and through supervisions and team meetings.

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

- People's dietary needs were met. Staff supported people to maintain a healthy, balanced diet and care plans contained appropriate details to guide staff. For example, one person wanted to lose weight and achieved this through staff supporting them to choose healthy options, appropriate portion sizes and exercise regularly.
- Staff monitored people's weight and wellbeing and raised concerns to appropriate healthcare professionals.
- People were fully included in mealtime activities. People chose their meals, went shopping for ingredients and helped to prepare them whilst maintaining their safety and independence. One person said, "Staff help me with making the drinks, the dinners and breakfast."

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 continued to be met in a timely way. People were supported to access healthcare services and attend their yearly health reviews. Care plans included professional advice and were effectively followed by staff.
- Staff were knowledgeable about people's needs. Handovers and communication books ensured staff were kept informed of any changes to people's needs.

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 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's rights were promoted. Staff were passionate about protecting people's rights and were trained in equality and diversity. One person was supported to access independent advice with regards to their rights regarding hate crime.
- Staff were kind and caring. People were positive about staff and comments included, "They're friendly and kind, I like all of them."
- Staff had developed positive relationships with people. People were happy and relaxed with staff as they talked, laughed and hugged staff. A member of staff told us, "I think there's a real personal touch with the service that you may not get at a bigger company. You go into each house and it feels like there's a real relationship between people and support workers."
- People were respected as individuals. Staff supported people to follow their individual routines and pursue their own interests.
- People were supported to follow their religion. Staff considered people's religious needs and provided appropriate support. For example, one person was supported to attend church regularly.

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

- People were offered choices and had control of their care. People were included in developing their care plans and people's preferred routines were clearly recorded.
- People were supported by their families with making decisions and could access independent professional support to help make decisions if needed.

Respecting and promoting people's privacy, dignity and independence

- People were supported to develop and maintain their independence through responsibilities such as helping with cooking and cleaning tasks around their home.
- Staff continued to maintain people's privacy and dignity. Staff understood the importance of maintaining people's privacy and dignity and care plans contained appropriate information and guidance.
- People's personal information was stored securely. Paper records were stored in people's homes and passwords were used for accessing electronic records.

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 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 and their families were included in developing detailed care plans that guided staff to support person-centred care. Care plans contained detailed information about people's personalities and their personal histories.
- People were supported to follow their own routines. Staff were knowledgeable about people's needs and preferences. Care plans contained appropriate guidance and safety information which staff followed.
- People were supported to spend their time as they wished, and staff ensured people were offered choices and respected their decisions.

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 were supported to be active members of their local community. One person told us they volunteered for a local animal charity.
- People were supported to follow their interests and hobbies. One person told us staff had supported them to manage their weight so they could go horse riding and continued to regularly visit the stables. Social activities were wide ranging and tailored to people's interests and included going to the gym, fishing, trampolining, photography and drama groups.
- People were supported to maintain their relationships. Staff supported people to contact and visit their families and friends. People could have visitors at any time and staff respected people's right to privacy whilst providing appropriate support.

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.

- People's communication needs were documented in their care plans and information was given to people in a way they could understand. For example, tenancy agreements and complaints information were provided in an easy read format.

Improving care quality in response to complaints or concerns

- People and their families were able to raise concerns which were promptly addressed. A relative told us, "I text [Manager's name] if I have any concerns and they're straight round to deal with it."
- The manager understood the provider's complaints policy and procedure and systems were in place to

support people to raise complaints.

End of life care and support

- End of life care plans considered people's wishes and how to maintain their comfort and dignity.

Assessments and care plans allowed for detailed, person-centred information to be recorded when people and their relatives were ready to discuss this, though only one person had completed this.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Monitoring systems were in place for each residence within the service. However, they had not always identified or addressed all shortfalls. Audits had not identified the shortfalls we found during the inspection, which included medicine and decision-making records. The manager informed us they would review and implement their new monitoring systems to ensure shortfalls were found and resolved in a timely manner.
- The provider had developed a new governance system to promote quality and consistency across their services. We were informed the system would be implemented following the inspection.
- The manager understood the regulatory requirements and reported information appropriately. At the time of the inspection, they had submitted their application to register.
- Processes were in place to ensure their duty of candour was upheld if something went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The provider promoted a positive and caring culture. A member of staff told us, "It's an excellent company to work for. All staff from the top down, have people's best interests at heart."
- Effective working relationships between staff and healthcare professionals helped to ensure people's needs were met through accessing appropriate support and services.
- The service had good links with the local community and key organisations, which enabled people to be active members of their local communities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, staff and professionals were included in the development of the service. The provider sent out questionnaires to help identify how their services could be improved. The results were analysed, and actions set, which were shared with all of the provider's services.
- Regular staff meetings were held to ensure staff were kept informed about people's needs and any changes to the service.