

Foresight Residential Limited

14 Otley Road

Inspection report

14 Otley 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 

Overall summary

This inspection took place on the 08 January 2015 and was unannounced. At our last inspection on 9 November 2013 we had not found any breaches of legal requirements.

This service is registered to provide accommodation for 13 adults with learning disabilities who may have other sensory impairments and physical difficulties.

Accommodation is provided over three floors; the home is set in private gardens and has a small car park. The house is in a residential area close to Harrogate town centre and provides good access to local amenities.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People who used the service were cared for by staff who understood they had a duty to protect people from harm and keep them safe. Staff knew how to report abuse and said they felt able to raise any issues. This helped to keep people safe.

We observed that there were enough staff available to support people. We saw that they had been recruited using robust methods to help to protect people from staff who may not be suitable to work with vulnerable people.

Staff were provided with information about people's care and support needs and risks to their health and wellbeing which enabled them to assist people appropriately. Training was provided to all staff to help them to develop and maintain their skills. Training was provided to all staff about visual impairment which helped staff understand people's individual needs.

People lived in well maintained, clean environment, bedrooms were personalised and were decorated as people requested when they moved in. This helped people to feel at home.

People were provided nutritious food which was home cooked. People were asked what they wanted to eat and drink and this was provided. The service catered for people's cultural or chosen diet. Where dietary advice was required to be gained to help people maintain their nutrition this was gained and was acted upon.

Staff assisted people to attend appointments with health care professional's some of whom visited the home to provide treatment and support.

People were involved in making decisions about their care and social activities. Staff supported people to make decisions for themselves so that they lived the life they chose. We saw that people's privacy and dignity was respected by the staff.

A complaints procedure was in place, anyone wishing to make a complaint could do so, this information was provided in a format that met people's needs. There were systems in place to deal with complaints in a timely manner.

People were asked for their opinions about the service. The registered manager undertook regular audits which helped them to monitor and maintain the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People we spoke with said they felt safe living at the home. Staff recruitment processes helped to protect people from unsuitable staff. Staffing levels were flexible to ensure people had the support they needed to maintain their safety and wellbeing.

Staff knew what action they must take if they suspected abuse was occurring. This helped to protect people.

Medication systems in place were robust; staff were appropriately trained in medication procedures, storage and administration to help prevent errors from occurring.

Good



Is the service effective?

The service was effective. Staff were trained in a variety of subjects which helped them to support people effectively.

Staff followed and understood the principles of the Mental Capacity Act 2005. This helped to protect people's rights.

People were provided with home cooked nutritious food. People could choose what they wanted to eat and drink. People needing support to maintain their dietary intake was monitored by staff and relevant health care professionals to make sure their nutritional needs were met.

Good



Is the service caring?

Staff were caring. People were treated as individuals. Staff knew people's needs well and supported them with kindness and consideration. People's privacy and dignity was respected.

People had access to advocacy services to help to help raise their views.

Staff assisted people to be as independent as possible. Staff spent time with people, some of whom had one to one support. People we spoke with told us they felt cared for. Staff escorted people on long train journeys to take people home to stay with family.

Good



Is the service responsive?

The service was responsive. We found the service provided to people was flexible, and was changed when necessary to help support people's changing health and social care needs. Staff reported changes in people's conditions to relevant health care professionals so that they gained advice and support to maintain people's wellbeing.

People were assisted to develop their life skills and social activities.

Complaints procedures were in place and people knew of these. Everyone we spoke with said they had no complaints to raise.

Good



Is the service well-led?

The service was well led. A registered manager was in place. People told us they were satisfied with how the home was run and with the support they received.

Good



Summary of findings

Staff were aware of their roles and responsibilities and understood the management structure of the home. Staff told us they felt supported by the manager and senior staff.

The ethos of the home was positive; there was an open and transparent culture and a friendly welcoming environment.

Meetings were held to gain people's views which were listened to and were acted upon. Staff were asked for their suggestions and comments about the service provided to people so that improvements could be made, where necessary.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 08 January 2015 and was unannounced. It was carried out by one inspector.

Before the inspection we looked at notifications we had received for this service and reviewed all the intelligence CQC had received. We looked at the risk level for this service. We reviewed all of this information to help us make a judgement about this care home. Normally we would have asked the provider to complete 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. On this occasion a PIR was not requested by CQC.

During the inspection we spoke with six people who used the service, six staff, the deputy manager and the registered

manager and with two visiting professionals. We inspected care and support plans, medication administration records and risk assessments for two people living at the home. We inspected all the medicine records and medication storage. We looked at records which demonstrated how the service was run, these included policies and procedures, audits undertaken and minutes of meetings that had occurred. Three staff files were inspected, this included recruitment information and training records.

We observed people in the communal areas of the home during our visit. We were shown around the home and were invited into people's bedrooms to be introduced to them.

The local authority was contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. Neither had any concerns about this service.

Is the service safe?

Our findings

This service was safe. People we spoke with said they felt safe living at the home. One person we spoke with said, “The staff are nice to us they are never awful to us. I feel safe here.” Another person said “The staff are nice I like the manager.” Everyone we spoke with said they felt safe living at the home.

People had individual risks to their health and wellbeing recorded in their care records to inform the staff. For example, some of the risks identified for people covered potential weight loss, falls, and personal safety whilst crossing the road. We saw that staff regularly monitored these risks that had been identified and reassessed the risks to help keep people safe. We spoke with a member of staff about one of these risks. They said, “X’s weight fluctuates, X likes to eat out, they are on supplements and we record a food diary to monitor this.” Staff updated people’s risk assessments when their needs changed to protect people’s wellbeing. People were encouraged and supported to remain as independent as possible even if there were risks involved with this to promote people’s independence.

The registered manager had undertaken environmental risk assessments to identify any areas which needed attention. The local authority environmental health officer had recently inspected the premises and awarded the service a five star rating for food hygiene standards used in the home.

The registered manager had undertaken assessments of the environmental and fire systems at the home. Information was available about how people would need to be assisted in the event of a fire. Regular checks were undertaken of the fire alarm system to make sure it was functioning correctly. Fire drills and training was provided to help staff prepare for this type of emergency. We noted at the time of our inspection some items had been stored at the top of the fire escape. This was discussed with the manager and these items were immediately removed to provide a clear evacuation route for people to use.

Maintenance and safety checks of the property had been completed for areas such electricity, portable appliances tests and water safety. Records confirmed these checks were up to date. The service shared a handyman who was available a few days a week to carry out minor repairs to maintain the safety of the premises.

We spoke with the member of staff who was responsible for the medication systems in operation in the home. They told us how they ordered people’s medication, checked it was correct when it was delivered and monitored people were receiving their prescribed medication. We inspected all the medicine administration records (MAR) for people living at the home. We saw allergies that staff needed to be aware of were noted on people’s MAR. Photograph of each person were on their MAR’s to help staff identify the person medication was prescribed for. Staff we spoke with told us that only staff who had received training in medications were allowed to administer medicines. This helped to prevent errors from occurring. We checked the balance of controlled medication and found this was correct. We found that medicines were stored securely.

Staff had received training in safeguarding vulnerable adults. Staff were able to tell us about the different types of abuse that may occur. They were clear that issues of abuse must be reported immediately and confirmed they would be acted upon by reporting issues to the local authority and other relevant authorities. Staff were aware of the safeguarding policies and procedures in place which helped to guide them.

We looked at staff recruitment files and these contained evidence of checks being undertaken prior to staff working at the service. The files contained copies of references taken from previous employers, police checks and completed application form which requested information about the applicant’s previous experience and qualifications. This helped to protect people from staff that may not be suitable to work with vulnerable adults.

Is the service effective?

Our findings

People we spoke with told us they felt supported by staff and were happy residing at the home.

We observed that people were supported with their care and with activities and socialising. A

person said, "Staff understand our needs." Another person said, "We live our lives the way we want to, we do our own personal shopping. Staff have training so they know how to look after us."

We saw that staff rotas were in place to ensure there were enough suitably skilled staff available to help people. Staff were flexible to enable people to live their life. For example, staff volunteered to accompany people on holiday so they could enjoy this. We observed there were enough staff to meet people needs on the day of our inspection.

Staff we spoke with told us there was always training available to them. Training for staff was provided in health and safety, moving and handling, fire safety, safeguarding, first aid and medication. Specific training was provided in relation to autism, learning disabilities and visual impairment so that the staff could effectively understand people's needs. Staff told us they had the opportunity to further their development by undertaking nationally recognised qualifications. We saw this was the case. Each member of staff had their training recorded and there was a system in place to make sure staff received training updates when necessary to maintain their skills.

Senior staff monitored how staff worked with people and discussed their performance during supervision meetings. Staff we spoke with confirmed this and supervision records we looked at confirmed this. Staff could request supervision at any time which helped them to feel supported. Appraisals were provided on a yearly basis for all staff. This helped the registered manager understand the training and developments needs of the staff and allowed them to address any performance issues. The registered manager received supervision and appraisal from a senior manager who visited the home to provide them with guidance and support.

We saw from people's care records that health care professionals were contacted for help and advice if a person became unwell or their needs changed. This helped to make sure that people gained the care they needed to receive.

We observed that before people were given help staff asked if it this was okay and gained the person's consent to assist them or to enter the person's bedroom.

We looked at two people's care records. People were involved in planning their care with the staff. People we spoke with confirmed this with us. We saw that if a person's needs changed their care records were updated to ensure the staff were kept informed about people's care needs. We saw from looking at people's care records that relevant health care professionals such as general practitioners, dentist, opticians and chiropodists helped to look after people's health and wellbeing. We were informed that everyone who required it had a detailed functional vision assessment undertaken by the Royal National Institute for the Blind. People were assisted by staff or by family members to attend hospital appointments. This helped to effectively maintain people's wellbeing.

Staff told us that they received handover information by reading people's care records and a communication book when they came on duty so that they knew what had occurred on each shift. This helped the staff to provide effective care and support to people.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. People had their mental capacity assessed. We concluded that the provider was meeting the requirements of the Deprivation of Liberty Safeguards, appropriate policies and procedures were in place for staff to refer to. The registered manager told us that staff received training to help them understand The Mental Capacity Act. This helped to protect people's rights. help to protect people.

People were provided with a nutritional diet. People's care records detailed their preferences. Likes and dislikes for food and drinks. This information was known by the chef who had this information in the kitchen for them to refer to. People were asked what they would like to eat and drink. Special diets could be catered for. We observed lunch being prepared and served. The food was home cooked. People were able to have whatever sized portion they required. Lunch was a relaxed social occasion. Staff ate

Is the service effective?

with people so that a 'family' atmosphere was created and this was seen to be enjoyed. Staff monitored people's fluid and food intake, where this was necessary. The chef said, "I do ask the residents for ideas' what haven't you had for a while?' I put the occasional things on like burgers and fish fingers but with healthy food options to ensure it is a balanced diet."

Relevant health care professionals had been contacted for help and advice for people who did not eat well. We observed that snacks and drinks were offered to people during our visit. Supper was available for people and snacks were available throughout the night if people wanted something to eat or drink. This helped to maintain people's dietary needs.

The home had been adapted help people find their way around. There were fluorescent strips on the handrail of the

stairs and black door frames in place to assist visually impaired people. Bedroom doors had braille name plates on them for people to read. Bathrooms or communal areas were brightly lit. Different textured carpets were placed in certain areas to indicate the bottom of the stairs and changes in the environment. This assisted people to know where they were.

We observed that people had chosen the décor of their bedroom. People had their own personal items and furniture placed where they wanted these to ensure their rooms were homely. This also helped people to navigate their way round their room without trip hazards. People we spoke with told us they enjoyed having their own personal space. One person showed us their arts and crafts which they had made which were displayed in their room.

Is the service caring?

Our findings

People we spoke with said that the staff were caring and they were happy living at the home. One person said, “The staff are kind to us.” Another person said, “It’s nice living here. Having everyone to talk to makes it nice. I am looked after.” We observed people appeared relaxed in the presence of staff and spent quality time with the staff talking or undertaking activities. There was friendly banter between people and staff and this created a friendly atmosphere. People told us there was nothing they would change about living at this service and they all said they would not want to move from this home.

During our visit a person we spoke with said, “I went away at Christmas and I missed the manager.” Staff were seen to constantly ask people if everything was alright for them and if they needed any help or assistance. Staff supported people to live their life as they wished too. We saw staff accompanying people to go out on social events and to collage. Staff appeared to know people’s needs well and told us they wanted to help people to live a full life that they could enjoy. Staff we spoke with told us they enjoyed working at the home. Some had worked there for some years and told us it was a pleasure to come to work because people were treated as ‘family’.

We observed staff were assisting people with personal care, this was done in private behind closed doors and people’s bedrooms curtains were closed during this to protect their

privacy. Some people had one to one support from staff to ensure their care needs were met. The registered manager told us how she fought on people’s behalf to gain this so that people could have a good quality of life. People we spoke with said they were satisfied with the care and support they received. Staff were seen to be patient and kind to people and listened to what they said before acting on it.

The registered manager told us about the local advocacy services that could be provided to people. Currently no one was using this service but it could be provided if a person required this.

Visitors were made welcome and were allowed to visit the home at any time. Staff told us that people were supported to see their family and spend time with them. Staff travelled to escort people back from home visits. This was appreciated by people living at the service.

The registered manager told us that the staff team worked well to ensure people were effectively cared for. They said staff were flexible and put themselves out to go the extra mile to make sure people had the support they needed to live a full life. For example to support people whilst away on holiday or having treatment in hospital. The registered manager told us about research that had been undertaken for a person’s medical condition. They and the staff had supported the person to gain this innovative treatments and staff stayed with them whilst in hospital to ensure their needs were met and to relieve their anxiety.

Is the service responsive?

Our findings

People we spoke with told us how their changing needs were accommodated. For example when a person needed to attend a GP's surgery to have some treatment this was arranged promptly. A person said "If I were poorly the staff would get the doctor." Another person said "I am asked about my care." people confirmed they had input into the care and support they received. A person said "They (staff) read the care documentation out and we are asked questions about our care plans."

The service was responsive to people's needs. People's care records were personalised, they were available in a range of formats to meet people's needs. For example: they could be transcribed into Braille. People's care records contained a 'pen picture' about the person's background, likes, dislikes and preferences and choices they made about their care. People had signed a consent form which stated they had consented to sharing their information with relevant professionals. People had a 'Health Action Plan' in place to inform staff about people's health needs. People's care records were reviewed regularly by the person's 'keyworker'. This is an allocated member of staff who is the main contact for a person and their family; they were also involved in care reviews.

The registered manager described how people who were thinking of moving to live at this service were asked to visit the home for a meal. An assessment of their needs was undertaken with relevant people involved. If the registered manager felt the person's needs could be effectively met and felt they would get along with the other residents a further weekend visit was offered. If this went well then the person was invited to move into the home. During this time information about the service was provided in a suitable format so the person understood what was available for them.

People at the home chose what they wanted to achieve and how they wished to spend their time. Activity calendars were in place which detailed people's activities, household activities and social events. Most people attended collages or social groups from Monday to Friday. Staff were flexible and people were able to change their minds and undertake some different activities if they wished. People were able to choose to have a lie in bed and then go to activities or on outings. We saw people undertaking some chosen household activities in their own rooms. People we spoke with told us that they enjoyed developing their skills with the help of the staff.

There was a complaints policy and procedure in place. This was available in a format that met people's needs. People we spoke with told us they had no complaints to make, but did say if they had they would tell the manager or staff so any issues could be dealt with. The registered manager told us that at resident meetings people were reminded how to complain and they were encouraged to raise issues, no matter how small.

We saw that the registered manager and senior staff worked as part of the team to help support people. This enabled them to monitor the quality of service provided and to make changes to the staffing levels at any time to ensure people always had the support they required.

The registered manager told us that as people's needs changed the care and support provided changed to make sure people's needs were met. They said there was a good staff team in place who would be flexible and accommodating to be able to help people. For example, a member of staff told us they came back to the home in their own time to drive the mini bus so that people could go to an event on an evening and then returned to pick them up once the event had finished to take them back home.

Is the service well-led?

Our findings

People told us during our visit that they were happy with the services provided at the home. People told us that regular meetings were held so they could raise their views about the service. A person we spoke with said “We have house meetings they (staff) ask for our views.” Another person said “We have client meetings regularly we are asked how college is and asked for our views. There are no problems here. I would not change anything.”

The ethos of the home was to promote people’s independence, and ensure they lived their life as they wished. Staff understood the values of the service and management structure of the home.

The registered manager was supportive and had an open door policy so that people, their relatives or staff could speak with them at any time. A member of staff we spoke with said, “I have had enough support from the registered manager and senior staff. They are always available when questions need to be asked.” Staff said they could raise any issues and felt assured they would be dealt with thoroughly.

During our visit we saw that the registered manager actively monitor the quality of the service being provided. They told us how they observed staff in supervisions or when working generally in the home to monitor what the quality of the service was like. The registered manager said there was a good staff team who took responsibility for providing a good service to people.

The registered manager and senior staff undertook a range of quality audits, which covered fire safety, water temperatures, health and safety, nurse call systems and falls monitoring. Audits of people’s care records and medication were undertaken regularly by the senior staff at the home. The registered manager told us they monitored these audits that the senior staff took responsibility for and took action to address any issues. This helped to ensure people remained satisfied living at the home.

The registered manager monitored records of any accidents and incidents that occurred. They told they looked for any trends to help them identify any action that could be taken to prevent further accidents or incidents from occurring. This information was shared with staff to help maintain people’s wellbeing.

Staff rotas were prepared by the registered manager. They were prepared in advance to ensure staff on duty each day had the correct qualifications and skills to support people. For instance it was important to ensure staff were on duty who could administer medications and to assist people with specific social activities and appointments. Staff appreciated the fact that they were clear from this rota and the activities diary who they were supporting and with what activity. This helped the service to run well.

There were emergency contingency plans in place; staff had access to contractor’s details so they could request assistance at the home promptly. Weekly fire alarm tests were undertake, staff were aware of the help people needed to receive to get them to safety if a fire occurred.