

Foxglove Care Limited

# Foxglove Care Limited - 1 The Causeway

## 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Foxglove Care Limited – 1 The Causeway is a small residential care home, in a residential area which is close to local shops and amenities. The service is registered to provide support to three younger adults who may be living with a physical disability, learning disability and autism. The service was supporting two people at the time of our inspection.

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

Dedicated staff provided exceptional care tailored to people's needs and preferences, which enabled people to achieve positive outcomes. Staff were creative in communicating with people and supported them to develop their communication skills. 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.

Staff were kind, caring and had developed positive relationships with people and their families. Staff provided appropriate support and ensured people accessed healthcare services when needed and followed professional advice. People were encouraged to eat a healthy diet and received their medicines as prescribed.

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.

People were protected from avoidable harm and abuse by trained, knowledgeable staff. Recruitment, induction and ongoing processes helped ensure only suitable staff were employed and that they had the required skills and knowledge. Staff were appropriately supported by the management team who promoted a positive and supportive culture. Quality assurance systems had maintained the quality and safety of the service.

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

#### Rating at last inspection

The last rating for this service was good (published 23 June 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?

Outstanding ☆

The service was exceptionally 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 Care Limited - 1 The Causeway

## **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

Foxglove Care Limited - 1 The Causeway is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### 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. We used the information the provider sent us in the provider information return (PIR). 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 sought

feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one relative, two care staff, a team leader, the registered manager and the operations manager. We looked at the cleanliness of the service and the facilities available for people. We observed how staff interacted with people and looked at a range of documentation including one person's care file and medication records. We looked at a selection of documentation for the management and running of the service and one staff file.

#### After the inspection

We spoke with a healthcare professional who has worked with a person who uses the service. We were sent further information from the registered manager which included medication protocols, behaviour monitoring and care plans.

# 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.

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. A relative said, "[Person's name] has security. They are well looked after, they are safe. The staff are great, they take [Person's name] out and make sure they are safe at all times."
- Staff were trained in safeguarding and had the skills and knowledge to raise concerns. Safeguarding referrals were appropriately made and monitored to aid learning in the service.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were appropriately managed. Staff were knowledgeable about how to manage the risks for each person.
- Positive behaviour support plans guided staff to reduce people's distress or anxiety. Pro-active strategies were person-centred and effectively used by staff with positive outcomes for people.
- The provider maintained the safety of the building and equipment through regular checks, servicing and maintenance.

Staffing and recruitment

- Staff met people's needs in a timely, person-centred way. The registered manager monitored staffing levels and an 'on-call' system was in place if staff required extra support.
- People were supported by a small group of consistent staff who knew them well.
- 'Bank' staff were used to promote continuity of care. The registered manager ensured they worked with experienced staff and only used a small number of regular bank staff when needed.
- The provider's recruitment processes were safe and helped ensure only suitable staff were employed.

Using medicines safely

- People's medicines were administered and stored safely.
- Staff were knowledgeable about how people liked to take their medicines and when they needed them.
- Appropriate guidance was in place to guide staff when to administer 'as and when required' medicines.
- Systems were in place to monitor medicines and had identified and addressed issues.

Preventing and controlling infection

- Staff were trained in infection prevention control and used disposable gloves appropriately to help prevent the spread of infections.
- The home was clean and tidy. Rotas confirmed the home was cleaned regularly.

# 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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's needs were assessed and reviewed, and their preferences were considered when arranging their care. Assessments were used to develop care plans which supported staff to provide care in line with people's needs and personal routines.
- The environment had been adapted to promote the wellbeing of people. Staff had made a sensory room for a person who benefitted from sensory experiences. They had decorated it with lights and activities that stimulated their senses and the person chose how and when they used this room.
- People's rooms were personalised and nicely decorated. People were supported to choose their favourite colours and wallpaper to decorate their rooms. People had also put up pictures and items which showed their interests. A relative said, "The home is very well decorated."
- People had appropriate space to socialise or to spend time on their own. Each person had their own private bathroom and shared communal areas were spacious and homely.

Staff support: induction, training, skills and experience

- Staff used their knowledge to support and develop the skills of people's relatives to promote positive relationships. One person visited their family but displayed behaviours that challenge during visits. Staff worked with the person and their family to put boundaries and appropriate support in place which has made the visits more enjoyable for the person and their family. A relative said, "I found it very difficult saying no. Now, when I say no I mean it and the staff have helped me with that."
- Staff had the skills and knowledge to appropriately support people. New staff completed an induction programme which included shadowing more experienced staff and mandatory training. All staff completed regular training to ensure they were able to meet people's needs.
- Staff were supported in their roles. The management team provided staff with regular support informally and through group supervision sessions. A staff member said, "You do get acknowledged within the house and I've been well supported personally."

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

- People's dietary needs were met. Staff tailored meals to people's tastes and dietary requirements. For example, staff ensured one person had a high calorie diet due to them being very active.
- People were included in mealtime activities. People participated in choosing their meals, shopping, helping to prepare them where possible and washing up to help improve their skills and independence.
- Staff worked positively with people to develop coping strategies. One person displayed behaviours that challenged around food, which affected their ability to eat in the community. Staff had worked closely with



them to develop coping strategies to help prevent them from becoming overwhelmed. They were now able to choose their meals and eat in restaurants and pubs which improved their quality of life.

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

- Staff supported people to access healthcare services and effectively followed professional advice. Staff made referrals to relevant professionals and supported people to attend their yearly health reviews. A professional said, "My input with the service has been quite minimal due to [Person's name] being settled and the staff managing their needs."
- Staff were knowledgeable about people's needs. Professional advice was recorded in people's care plans and changes to people's needs was effectively communicated to staff. A professional said, "The majority of staff know [Person's name] well and are good at supporting their needs."
- People were supported by a small, consistent staff team who had worked at the service for a long time.

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).

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. Staff monitored people's verbal responses and body language for signs of consent or refusal.
- People were encouraged and supported to make their own decisions. Staff presented information in different ways to help people understand the options available.
- Where people lacked capacity, decisions were made in their best interests with the involvement of their relatives and relevant professionals. Decision making records were appropriate and detailed.
- 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.

# 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

- Staff were kind and caring. People were happy and relaxed when engaging with staff and shared the same sense of humour.
- Staff were respectful and encouraging when speaking with people. Staff spoke with people about appropriate topics and monitored their body language and verbal responses to gauge their views.
- Staff developed positive relationships with people, their families and professionals. A relative said, "Staff are great, we get on great with them." One staff member had received a handmade thankyou gift from a person's relative.
- Staff respected people as individuals and were trained in equality and diversity.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain and develop their independence. Staff were knowledgeable how to promote people's independence and appropriate guidance was included throughout their care plans. One person had developed skills around washing, dressing and choosing their clothes and now needed less support from staff. A professional said, "[Person's name] has become more independent and now has a more positive relationship with their family."
- People's privacy and dignity was maintained. Staff understood the importance of maintaining people's privacy and dignity and care plans contained appropriate information and guidance.
- One person benefitted from seeing their routine which was updated daily and was included in their care plan.
- People's information was stored securely.

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

- People were offered choices and supported with their preferred routines. Staff were knowledgeable about people's routines and offered people choices in a way they could understand. A professional said, "[Person's name] is given choice regarding their daily activities which is evident on their daily planner."
- People were supported by their families with making decisions and could access independent professional support to help make decisions if needed.

# 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 improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People were supported to achieve their potential and accomplished a vast range of highly positive outcomes which improved their quality of life. One person was much happier and calmer as staff responded quickly and positively to their early signs of anxiety. Through this responsive approach, risks associated with their behaviours had significantly reduced and they had moved into a nicely decorated bedroom, with comfortable furnishings. Another person was now able to eat and drink in cafes and restaurants in the community. Staff had supported them to develop management strategies to help prevent them becoming overwhelmed and reduce their anxious behaviours. This meant they could have a greater variety of experiences in the community.
- Staff had excellent knowledge of people's needs and preferences. They were trained to meet people's health and care needs and effectively used these skills. Staff clearly described the support people needed to effectively manage their behaviours and promote their independence. A relative said, "Staff definitely have the skills to look after [Person's name]. There seems to be a bit of a change in their behaviour, I think staff are dealing with it positively."
- Care was exceptionally tailored to people's needs. Care plans were extremely detailed, and each person had a 'My Journey' in place which helped staff to understand people's histories, their personalities and the progress they have made in their lives. Care plans were regularly reviewed and updated which supported staff to provide person-centred care that met people's needs and preferences. We observed staff working to people's routines. A relative told us, "Yeah they do work to [Person's name] routine. They do have a timetable for them which [Person's name] benefits from due to their autism, they need a specific routine."

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.

- Staff were passionate about effectively communicating with people. They worked closely with people to help them learn and improve their language skills. Through this support, both people had improved their verbal communication skills. One person who previously could not talk, was now able to say a small range of words which helped them communicate their needs. A relative said, "[Person's name] isn't a fluent speaker but words they do say, you can now make them out which is so much better for [Person's name]."
- Staff used creative tools to encourage effective communication. One person used words, vocal sounds, writing and makaton to communicate and this was clearly detailed in their care plan. A dictionary had been

made for one person detailing what their words and actions meant, which helped staff to understand what the person was communicating.

- Information was given to people in a way they could understand. This included verbally, easy read options and pictures.

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

- Staff went out of their way to support people with their relationships. Staff took people to visit their families and friends and visitors were welcome at any time. One person and their relative were regularly supported to go swimming and for lunch to help maintain their important relationship. A relative said, "Staff bring [Person's name] to visit me regularly. They came home for Christmas this year and last year."
- People led fulfilling lives through taking part in activities and new experiences. People were supported to visit different cities, television sets and take part in seasonal activities such as a ride on a steam train for Christmas. During the inspection, one person communicated their excitement for the Christmas party later that day.
- People were supported to pursue their interests and complete their favourite activities. Social activities were tailored to people's interests and included going to the pub, the gym, restaurants, parties, museums, shopping, walking and sensory activities.

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.

Improving care quality in response to complaints or concerns

- Complaints were recorded, investigated and responded to in line with the providers policy.

# 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.

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

- People achieved positive outcomes through well organised, person-centred care. Staff positively supported people with their behaviours which had benefitted both people's quality of life as they were able to engage and participate in more activities.
- The management team acknowledged staff's hard work and promoted a positive culture. Staff told us, "I have fantastic relationship with [Registered manager's name], they're really approachable" and "I like the atmosphere and it is run really well. When I first started here everyone was really welcoming. Coming to work here was the best thing I did."
- The registered manager and staff worked closely with relevant professionals to ensure people received the support they needed.

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

- Systems continued to be effectively operated and had maintained the quality and safety of the service.
- Audits had identified most issues and action was taken to address them. However, they had not identified a pain relief medicine was out of date when it was collected from the pharmacy. The medicine had not been administered and no harm had come to the person. We raised this with the registered manager and this was immediately addressed during the inspection.
- The registered manager understood the regulatory requirements and reported information appropriately.
- Processes were in place to ensure their duty of candour was upheld if something went wrong.

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

- Regular staff meetings engaged staff, tested their knowledge and kept them informed about people's needs and the service.
- 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 shared with all of the provider's services.
- The registered manager monitored and analysed accidents, incidents, complaints and compliments to look for patterns and trends to learn from them. Learning was shared with the provider's other services to improve care.

