Foresight Residential Limited

Foresight Residential Limited - 66 Leeds Road

Inspection report

66 Leeds Road
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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 8 January 2015 and was unannounced.

The last inspection of this service was on 17 November 2013 and at that time the home was meeting all the regulations we inspected.

66 Leeds Road provides care and accommodation for up to 10 adults with a learning disability who may also have a sensory impairment and / or a physical disability. The home is in a residential area, close to Harrogate town centre and provides good access to local services and amenities.

It is set in private gardens, with car parking to the front of the home.

The home has a registered manager. A registered manager is a person who has registered with the Care

Summary of findings

Quality Commission to manage the service. Like 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 spoke positively about the home and said they liked the staff. They knew who they could speak with if they were worried or upset. People's families told us the service was excellent on all counts and they had a high level of confidence in the registered manager and staff team.

Policies were in place for staff to identify potential risk and we found that appropriate steps were taken to minimise any risks that were identified.

Staff were aware of local safeguarding protocols and knew what action they should take to safeguard people in their care.

Staff were recruited safely and had received training to fulfil their roles and responsibilities appropriately. Staff worked flexibly to make sure there was always enough staff working at times to support people to follow their interests and pursuits.

Suitable arrangements were in place to support people take their medicines safely.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met. The timing of mealtimes was flexible to meet people's preferences and we saw that people were offered choice in the food they were offered.

People received the health care support they required and had access to a range of professionals such as nurses, psychologists, optometrists and the speech and language therapy (SALT) team.

Effective managements systems were in place to assess the quality of the service and promote people's wellbeing. People were supported to make choices about their lives and to maximise their independence. Information about the home was provided in an easy read format with pictorial symbols, large print, audio disc and braille.

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?

Good

The service was safe. People knew how to raise any concerns. Staff had received training and understood how to use local safeguarding protocols.

Risks were assessed and appropriate action was taken to minimise identified risks

Procedures were in place to recruit staff safely and staff worked flexibly to meet people's care needs.

Systems were in place to make sure people were supported to take their medicines safely.

Is the service effective?

Good

The service was effective. People were cared for by a consistent staff group who received regular training and supervision.

People who lacked capacity were protected under the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The menus offered variety and choice for people living in the home. People had their dietary needs assessed to make sure they received a nutritious, well-balanced diet

People were supported to maintain good health and access to health and social care professionals such as nurses, psychologists, optometrists and the speech and language therapy (SALT) team.

Is the service caring?

Good

The service was caring. Staff treated people with kindness and were knowledgeable about people's care needs. People were supported to live in a way that met their needs and supported their rights.

Feedback from families was positive. Staff listened to people's views and acted on them.

We observed that staff were respectful of people's privacy and dignity.

Is the service responsive?

Good

The service was responsive. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

There was an effective complaints procedure, which was provided to people in an accessible format.

Is the service well-led?

Good

The service was well led. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Quality assurance questionnaires gave people an opportunity to share their views about the service.

Audits were carried out to check the quality of the service, identify shortfalls and drive improvement. Audits covered areas such as personal care and support, health and safety, and staffing.

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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, which was carried out by one inspector took place on 8 January 2015 and was unannounced.

Before the inspection we reviewed the information we held about the home. This included information from the provider, notifications and speaking with Healthwatch and the local authority quality assurance and procurement team. Before our inspections we usually ask the provider to send us 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. We did not ask the provider to complete a PIR on this occasion because we planned the inspection at short notice.

On the day of the inspection we spoke with three people and observed how they were supported. We spoke with the registered manager, the deputy manager and with a care assistant. We reviewed the care records for three people and quality assurance surveys completed by people's families. During our visit we looked at records relating to the management of the home including the recruitment and training records for four staff, the staff training plan, maintenance certificates, a quality monitoring check and staff meeting minutes. Following our visit we spoke with three relatives to gain their feedback about the service.

Good

Is the service safe?

Our findings

People told us they had no concerns about their safety and said if they were upset or worried they would tell the staff or their relative. We asked a family member if their relative was safe and they responded “Definitely, yes. I wouldn’t hesitate to recommending this service to anybody whose relative needed to go.”

There was a policy in place for safeguarding adults from abuse. Staff understood the requirements for reporting concerns both internally and to external agencies, such as the local authority if necessary. Staff told us they would seek advice from the manager or in their absence from the deputy manager if they had any concerns.

Safeguards were in place to protect people from potential abuse. For example, staff received training on intervention, with an emphasis on positive behaviour support approaches to reduce the likelihood of restraint occurring.

Risk assessments recorded information for staff on how to manage risks without unduly restricting people. We saw that care plans had been completed for a variety of areas depending on the individual risks of the person concerned, such as the support people needed when they accessed the community to keep them safe. Managers also completed a range of monitoring checks, which covered fire safety, water temperatures, infection control and emergency procedures. An action plan was put in place to address any shortfalls.

Environmental risk assessments had been completed for each person to make sure they had the right support to access the environment safely. The registered manager told us that risk assessments were reviewed at least annually unless someone's needs changed sooner. During our visit we saw people moved around the home with confidence. One person was using the cooker independently although staff support was available if it was needed. Risk assessments were in place for all of these activities to make sure that people were supported to maximise their potential whilst minimising risks.

Staff told us that staffing was flexible to meet people’s care needs. We saw from the rotas that there were between two and four staff on duty during the day with two ‘sleeping in’ staff at night. The registered manager told us that rotas were planned around people's needs, wishes and interests. For example, additional staffing was provided in the evening when people wanted to go out. When people went away a risk assessment was carried out and, where appropriate, staffing was reduced meaning that on occasion there might only be one member of staff at night. The registered manager told us there was always a manager on duty or available out of hours, when needed for support. We saw that on call arrangements were also in place. Staff told us these worked well and they could always contact a senior manager if needed.

We saw in staff files that appropriate checks were made before new staff started to work at the home. This included two references and Disclosure and Barring Service (DBS) checks. Staff files were well organised and contained evidence of people’s training history and qualifications, application form, ID, and an induction questionnaire. This meant that the home operated effective recruitment procedures to ensure staff were suitable for the job.

The registered manager told us that care work was not well paid and it could be a challenge to recruit appropriate staff in the area. However, during our visit we observed that there were sufficient staff on duty to give people individual attention. We saw staff spent time with people and supported them at their own pace. We spoke with staff about the staffing levels. One person told us, "I think staffing levels are very good and we all know what needs doing.”

During our visit we looked at records relating to the management of medicines for people who used the service. There was a medicines policy for the home, which contained information on the safe ordering, administering and disposal of medicines. Medicines were stored correctly in a locked cupboard and they carried out an audit of the medicines and records to ensure they remained up to date. The home stored a limited number of medicines that are controlled under the Misuse of Drugs legislation. We checked the controlled drugs (CDs) kept for one person and found these were correct. The registered manager told us that only staff who had received specific medicines training administered medicines. Staff confirmed that they had received training before they administered medicines. They said that two people administered medicines and the registered manager or deputy manager observed their practice to make sure they were competent. One person was responsible for administering their own medicines (we sometimes call this self-medication) and there was a

Good

Is the service safe?

protocol in place to reduce the risk to themselves or other people living in the home. This showed us that systems were in place to make sure people received their medicines safely.

Good

Is the service effective?

Our findings

People told us they liked living at the home. A relative said "Excellent on all counts and the facilities and the food are great."

Staff told us they liked working in the home and managers said the staff team was the home's "best asset." The registered manager told us that staff accessed a wide range of training through a combination of e-learning courses, in-house training and external providers. During our visit an external trainer was delivering a course on non-abusive physical and psychological interventions. Staff told us training was ongoing and felt they were given sufficient training to enable them to feel confident in their roles.

Training records showed that staff attended a range of courses such as dementia; control and restraint; first aid; infection control; and visual awareness training. Staff told us that they received regular supervision and appraisals and we saw evidence of this in the staff records we reviewed.

This showed us that people were looked after by staff with sufficient qualifications, skills and experience.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA), which is designed to ensure that any decisions are made in people's best interests.

Staff had received up to date Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. Key principles of the Act were highlighted in posters displayed in the office and staff had been provided with small booklets about the Act as a useful prompt. We found that the managers and staff had a good understanding of DoLs principles and the MCA. The registered manager understood the implications of the recent Supreme Court ruling which had clarified the concept of deprivation of liberty for people in a care home setting. This helped to make sure that staff understood their legal requirements and protect people who lacked capacity in making decisions for themselves.

We saw in people's care plans that people's consent was sought where possible. Where people were unable to give consent we saw that the home had worked closely with relatives, social workers, learning disability teams and other professionals. This included best interest decision making and regular reviews involving the family and mental health professionals.

Mealtimes were relaxed and unhurried and people were supported to eat at a time to suit their individual preferences. On the day we visited one person was preparing their own lunch with minimal staff support. Other people were enjoying a range of sandwiches or soup in accordance with their wishes. In the case of one person who had a lie in we saw they chose to take a later lunch to other people. The registered manager told us that people had their dietary needs assessed to make sure they received an adequate food and fluid intake. We confirmed this in the records we checked. People's weight was monitored with their agreement and we saw in care plans that specialist advice was sought and acted on. We observed staff supported people to make sure they had enough to eat and drink and provided assistance where needed.

Each person had a 'Health Action Plan' in place to inform staff about people's health needs. People's health action plans were in an easy read format such as large print picture format. They included the details of the health and social care professionals involved in people's care such as nurses, psychologists, optometrists, and the speech and language therapy (SALT) team. People had completed mobility assessments to establish the best course of action to support their visual needs, promote their independence and reduce the risk of falls. This showed us that staff had gained specialist advice to meet people's health care needs.

Good

Is the service caring?

Our findings

People who use the service were positive about the staff, with comments including "I just want to say staff are very good," and "They are on hand if I need them." A relative said "Very happy with the care (my relative) receives, they are all very good. I'm very happy with everything they do."

During our inspection we spent time observing the support that people received in a communal area and talked with people about their experiences. There was a pleasant, relaxed atmosphere and we observed there was a good rapport between people living and working at the home. Staff appeared to know people well and they provided care and support appropriately.

Staff told us that people were encouraged to be as independent as possible and we observed this during our inspection. We saw that the care staff on duty were helpful and gave people opportunities to do tasks for themselves. Any staff interactions with the people using the service and with each other, was done in a respectful and professional manner.

People chose what they wanted to do and who they wanted to spend time with. We observed staff spoke kindly and people moved freely around the home, with staff only providing prompts and support discreetly if needed. For example, providing verbal prompts to guide a blind person around the dining room and kitchen, offering people the opportunity to answer the door and greet visitors and supporting people to cook.

During our visit we observed people spent time in the communal areas or in their rooms. We saw that staff were attentive and provided discreet support to assist people where it was needed. For example, to explain to a person where their food was on their plate. We observed that people who used the service were calm and relaxed throughout our visit, and happy to sit and chat with us. One person whose activity had been cancelled kept busy assisting people with their meals and accompanying other people on the mini bus to their activities.

Care plans were available in a range of formats such as large print or audio and they could be transcribed into Braille. They contained information about people's individual preferences, cultural, social and religious needs. Staff completed Royal National Society for the Blind (RNIB) accreditation training aimed at improving people's ability to live independently and enhance their wellbeing. This showed us that the service was working to improve their standards and meet their legal obligations under legislation such as the Equality Act 2010.

Good

Is the service responsive?

Our findings

People spoke enthusiastically about the colleges and horticultural centres that they attended. We met people who said they also spent time learning life skills such as tidying their room or baking. One person told us they had shopped for the ingredients for the meal that they were preparing for their lunch. This showed us that staff supported people to be independent.

One relative said "I'm as involved as much as I can be. If there are any problems they always let me know and if I notice anything I tell them (the staff) and they will sort it out. There are lots of activities and (name) likes to go into town and cooking. (Name) enjoys looking after their own bedroom and does their own laundry and ironing."

Before people came to live at the home a pre-admission assessment was completed. Pre-admission assessments included information from people's families, care managers and doctors. One person told us they had visited and stayed at the home for short periods before their admission. This meant that people could be confident their needs could be met before they moved into the home.

People's care needs and their dreams and aspirations were well documented in their care plans. Care plans detailed how the person's care needs should be met and identified areas where people needed additional support. This included the actions staff needed to take to manage situations to meet people's needs and reduce any anxiety and distress. The registered manager told us care plans were reviewed to make sure people's care plans remained up to date and relevant. When we checked people's records we confirmed people's care plans and reviews were updated in a timely way. This made sure that staff knew what they should do to provide the right care that met people's needs.

Staff rotas and people's daily calendars were displayed in an accessible format in large print pictorial symbols to help people read the information. We saw both people using the service and the staff team access this information to check what was happening and which staff had been allocated to support each activity.

During our visit we saw people were consulted about their choices. The registered manager told us they also asked people's relatives and representatives for their views. People told us they were assisted to visit friends and family, and invite their families and friends to the home. The home had its own minibus transport and this was well used to take people to their day centres or on outings.

The complaints procedure was clearly displayed in the home and was available in an easy read format with pictorial symbols, large print, audio disc and braille. People told us they had not needed to complain but would speak to staff or their relative if they had an issue. Staff said if a complaint was brought to their attention they would report it to the management team who would deal with the matter.

We saw from care plans that people and their relatives were involved in reviews and could also feedback their views at that point. We saw that the home had acted on feedback given through these review meetings. This showed us that the home had effective procedures for identifying and responding to people's comments, complaints and views.

We observed that the registered manager and deputy manager closely supervised how care was being delivered throughout the home. This helped the senior staff to respond to and prioritise people's care and support.

Good

Is the service well-led?

Our findings

There was a registered manager in post. People said "It is run so well, staff are excellent." The registered manager and the deputy manager told us that they worked well together as a team and had clear plans for improvements. They had a clear understanding of priorities to develop the home's aims to promote people's independence and maximise their potential.

The registered manager told us they had an 'open door' policy, which encouraged people and their relatives and representatives, and staff to share their views at any time. People's relatives and their representatives had been sent a quality assurance survey in November 2014. The results of these were not available when we visited. However, we saw in the surveys completed last year that people were positive about the care provided. Comments included "The service is excellent," and "Quite satisfactory, everything is fine."

The registered manager told us they held a staff meeting every month to six weeks. This provided staff with a forum in which they could discuss new legislation and discuss complex issues and best practice. We saw meetings covered such issues as the Mental Capacity Act (MCA) 2005 and Deprivations of Liberty Safeguards (DoLS), risk assessments and staff understanding of the use of emergency medicines.

The registered manager was aware of the requirement to notify the Care Quality Commission (CQC) of certain events that happened in the home. They confirmed that no such event that required a notification had occurred in the past year.

During our visit we saw that the registered manager was proactive in monitoring the quality of the care people received. They told us how they observed staff in supervision or when working generally in the home to monitor what the quality of the service was like. The registered manager and the deputy manager told us of challenges that they experienced in recruiting staff in the area. However, they confirmed that there was a good staff team who took responsibility for providing good quality, person centred care.

Staff told us that the managers were supportive. They told us that the provider was approachable and that they would not hesitate to contact them if they needed to.

We looked at how the provider gathered information about the service. Monitoring records showed us that regular checks were undertaken and when shortfalls were identified action plans were developed to address the issues in a timely way. This showed us that effective monitoring systems were in place to ensure care was provided safely and appropriately.

We saw that managers carried out monthly quality audits. The audits covered such areas as training, supervision, risk assessments, health and safety and maintenance checks. The results of the audits were discussed in meetings and any shortfalls were addressed to improve the overall quality of the service.

We saw evidence that the organisation had been awarded an Investors in People Award dated 25 November 2013 (valid for three years), in recognition of the care development and support given for the staff team.