Foxglove Care Limited

Foxglove Care Limited - 1 The Causeway

Inspection report

1 The Causeway
Kingswood
Hull
HU7 3AL
Tel: 01482 826937
Website: www.foxglovecare.co.uk

Date of inspection visit: 13 and 16 February 2015
Date of publication: 11/06/2015

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?	Requires Improvement

Overall summary

1 The Causeway is owned by Foxglove Care Limited. It is registered to provide accommodation for up to three people who may have a learning disability. The service is located close to local shops and amenities. There is easy access to public transport and sports and social facilities are nearby.

This inspection was unannounced; it took place on 13 and 16 February 2015. At the last inspection on 04 December 2013, the registered provider was compliant with all the regulations we assessed.

The service had a registered manager. 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.

The people who lived at the home had complex needs which meant they could not tell us their experiences. We used a number of different methods to help us understand the experiences of the people who used the service including the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We saw positive interactions between people who used the service and staff throughout the inspection process. It was evident that people were content in their surroundings.

A quality monitoring system was in place at the service that consisted of stakeholder surveys, reviews and monthly assessments. The registered manager told us they completed regular audits of care plans, staff training, activities and other aspects of the service. However, we found when audits were completed they were not always recorded and action plans to address shortfalls were not documented.

People who used the service were supported to make their own decisions about aspects of their daily lives. Staff followed the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This is legislation that protects people who are not able to consent to care and support and ensures people are not unlawfully restricted of their freedom or liberty. The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control.

People were supported by staff who had been recruited safely and trained to recognise the signs of potential abuse. Risks to people who used the service were minimised by the development of a range of assessments which helped to manage the risk.

Sufficient numbers of staff were deployed to meet the assessed needs of people who used the service at all times. Staff had completed training and received on-going support to ensure they had the knowledge and skills to support people effectively.

People were supported to maintain a healthy, balanced diet and to receive adequate nutrition. Staff completed food and fluid intake charts and contacted other health care professionals when they identified concerns.

Medicines were ordered, stored, administered or disposed of safely. People received the medicines as prescribed from staff who had completed safe handling of medication training.

Staff treated people with dignity and respect. People were encouraged to be as independent as possible and were given choices about which staff supported them.

A complaints policy was in place which was available in an easy read format to make it more accessible for the people who used the service. We saw when complaints were received appropriate action was taken.

The registered manager encouraged staff to raise concerns and question anything they were unhappy with. Care Quality Commission requirements in relation to the submission of notifications were met.

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 were protected from abuse and avoidable harm by staff who had been trained to recognise the signs of potential abuse.

Staff were recruited safely and deployed in appropriate numbers to meet people's assessed needs.

Medicines were managed safely.

Good

Is the service effective?

The service was effective. Staff had the skills to communicate with people effectively and received on-going support and guidance.

People were supported eat and drink sufficient amounts to meet their needs.

People provided their consent before care and support was provided. When people lacked capacity appropriate legislation was followed.

Good

Is the service caring?

The service was caring. Staff were supportive and enabled people to make choices in the daily lives.

People were treated with dignity, respect and compassion by staff.

Good

Is the service responsive?

The service was responsive. People were encouraged to participate in a range of activities and work opportunities.

Support plans had been developed to guide staff in providing personalised care that met the specific needs of the people who used the service.

An easy read complaints procedure was displayed within the service. We saw when complaints were received action was taken to improve the service as required.

Good

Is the service well-led?

The service was not always well led. Quality assurance systems required improvements to ensure they were robust.

Staff told us the registered manager had created an open culture that was based on delivering person centred care.

The registered manager told us they were supported by the registered provider during managers meetings.

Requires Improvement

Foxglove Care Limited - 1 The Causeway

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 registered 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 unannounced inspection was carried out by an adult social care inspector; it took place on 13 and 16 February 2015.

Before the inspection took place we contacted the local authority commissioning and safeguarding teams for information about the registered service. They told us there were no on-going safeguarding investigations and they had no current concerns.

During the inspection we observed how staff interacted with people who used the service, we used the Short Observational Framework for Inspection (SOFI) and to evaluate the level of care and support people received. We spoke with one person's relatives. We also spoke with the registered manager, a team leader and three support workers.

We looked at a selection of documentation pertaining to the management and running of the service. This included quality assurance documents, stakeholder surveys, recruitment information the training matrix, staff meeting and handover minutes and records of maintenance carried out on equipment.

We looked at both people's support plans along with the associated risk assessment and their Medication Administration Records (MARs). We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest.

Good

Is the service safe?

Our findings

A relative we spoke with told us their family member was safe living at the service. They said, "He is very safe, all the staff know how to support him and he knows them so he feels safe."

The registered provider had policies and procedures in place to guide staff in how to protect vulnerable people from the risk of harm or abuse. During conversations with staff it was clear they were aware of the different types of abuse that may occur and what action to take if they witnessed abuse or poor care. A member of staff said, "We have never had any bad practice happen here but if I saw anything I would report it straight away."

The service's training matrix stated staff had completed training in how to safeguard vulnerable people from abuse and an accredited non-violent intervention course. The registered manager explained, "The safeguarding training is done in house by me; I have been conducting training since 1998; it works really well because I can tailor the training and make it really specific."

Accidents and incidents that took place within the service were investigated and action was taken to prevent re-occurrence. The registered manager told us, "We have had to take action in the past to ensure we have a settled and positive environment in the house." We saw the local authority's safeguarding matrix was used to ensure accidents and incidents were reported when required.

People had their current needs met by suitable numbers of staff. Each person who used the service was supported on a one to one basis throughout the day and one member of staff was on shift during the night. A team leader told us, "(Name) used have two to one support last year but we have worked with him and got to know him; I think he trusts us more now and he can be supported by just one member of staff." The registered manager said, "When people go and visit their families we have staff close by so they can be called on immediately."

We checked three staff recruitment files and saw that appropriate checks were completed before staff commenced working within the service. Prospective staff were interviewed and gaps in the employment history were explored before a Disclosure and Barring Service (DBS) check was undertaken to ensure they were suitable to work with vulnerable adults. The registered manager told us, "The last set of interviews we did; were held here at the house so we could see how people were with the guys (people who used the service)."

The registered provider had contingency plans in place to respond to foreseeable emergencies including, flooding, extreme weather conditions and staff shortages. This provided assurance that people who used the service would continue to have their needs met during and after an emergency situation. We saw that emergency lighting, fire safety equipment and fire alarms were tested periodically to ensure people would be supported in an emergency situation.

Medicines were stored in a lockable cabinet in the manager's office. The service used a Monitored Dosage System (MDS) prepared by the supplying pharmacy. MDS is a medication storage device designed to simplify the administration of medication and contains all of the medication a person needs each day. The registered manager explained, "The pharmacy we use make up the pods (MDS) so that if one of the guys is going out for the day or going to stay at home the pod for that day can be taken with them."

The registered manager told us that no one's behaviour was controlled by the use of medication. They told us one person had been prescribed a specific medication to control their anxieties on an as required basis but each use of the medication triggered an investigation into the reason for its use. The Medication Administration Records (MARs) we looked at confirmed this.

Medicines were only administered by suitably trained staff. A team leader told us, "No one can administer medication until they have completed safe handling of medication training and then they are monitored at first to make sure they don't make any errors."

Good

Is the service effective?

Our findings

We asked a relative if they thought the staff had the appropriate skills to meet their family member's needs. They told us, "They are very good at their jobs; he gets all the support and reassurance he needs."

Staff had the skills to communicate effectively. We saw that a communication board was used by one person who used the service. A member of staff told us, "We write everything that is going to happen in the day on the board; activities, appointments, visitors; everything. (Name) understands that and it is the best way to communicate certain things to him." A team leader said, "If he does not want to do something he will just wipe it off the board. It is a really good way for us to understand what he does and doesn't want to do." A Speech and Language Therapist (SaLT) had been contacted to ensure the communication board was the most effective method of communication. A member of staff told us, "The speech and language therapist was great; she helped us get an 'IPad' for (Name) which we have just started to use with him, there will be so much we can use it for and it has increased his range of communication."

Staff had completed a range of training pertinent to their role such as health and safety, first aid, moving and handling, infection control, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Further training required to support the individual needs of the people who used the service including epilepsy, Makaton and autism had also been undertaken. The registered manager told us that when a person moved into the home staff would complete subsequent training to meet their assessed needs.

During conversations with staff it was clear they had a good understanding of the principles of Mental Capacity Act 2005 (MCA). Staff told us the people who used the service had the capacity to make every day decisions for themselves and throughout the inspection we observed staff gaining people's consent before care and support was provided. Best interest meetings had been held when people lacked the capacity to make an informed decision themselves. The registered manager told us, "We have had quite a few best interest meetings because (Name) has compulsive tendencies that would spiral out of control and get to where he was only focused on that one thing" and "Getting advice and support from other professionals lets us know the right decision has been made."

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager was aware of their responsibilities in relation to DoLS and had made successful applications to the local authority in relation to the people who lived at the service which provided assurance people were only deprived of their liberty lawfully.

Staff were supported during on-going supervisions and team meetings. We saw that staff meetings were used as a forum to discuss alterations to paperwork, menus, rotas and daily handovers. A member of staff told us, "I am definitely supported, we all work really well together and support each other" and "I can speak to my manager anytime." Another member of staff said, "The manager is really supportive, I can ask anything at any time, she is here on a daily basis."

People were supported to maintain a balanced diet. We saw that people chose what they wanted to eat and were encouraged to consider healthy options. Diet and nutrition as well as drinking support plans were in place to guide staff to ensure people ate their meals at a suitable pace and drink sufficiently to remain adequately hydrated.

People had access to a range of health and social care professionals to meet their needs, including GPs, dentists, psychologists and psychiatrists and specialist nurses. Referrals were made quickly when people's needs changed and we saw people were supported to attend health appointments and hospital admissions. The registered manager explained, "The staff go to epilepsy reviews, psychiatry appointments and the yearly learning disability reviews with the guys (people who used the service)."

Reasonable adjustments had been to the home to meet the individual needs of the people who used the service. Amongst other things a sensory room had been created in one of the rooms in the home which we saw was used regularly by one person who used the service. A sensory room is a term used to describe a variety of therapeutic spaces/rooms specifically designed to promote calmness and well-being. A team leader told us, "He loves it, he spends lots of time in there; it's brilliant when it's dark because the lights are amazing."

Good

Is the service caring?

Our findings

A relative told us they thought their family member was supported by caring and attentive staff. They said, "The staff are brilliant, they are kind and thoughtful and nothing is ever too much for them." We asked if their visiting times were ever restricted and were told, "I can go whenever I want."

Throughout the inspection we observed staff treating people with kindness and compassion. Staff spoke to people in a friendly way and it was clear that the people who used the service were comfortable in their surroundings due to the trusting and supportive relationships that had been built. A team leader told us, "I spend so much time with them, I really care about them; when they achieve things, even small things I am really proud of them."

People were listened to and their choices were respected. The registered manager told us, "We treat everyone as an individual and support people to choose what they want to do." A team leader said, "If (Name) does not want to do something he will just rub it off his board (communication board) and then that's it, he is not doing it." We saw a 'how are you feeling board' was used by one person who used the service. A member of staff explained, "(Name) uses the board every morning and at other times to let us know how he is feeling by drawing a smiley or sad face." Pictorial aids were also used to inform people of what appointments they were required to attend. We saw a team leader supporting a person to match cards with specific destinations like a GP surgery, nurse's office and the hospital. The team leader told us, "We will explain to the guys where they need to go and why and they decide if they want to go; we can use the cards to explain certain things when we need to do but they understand everything we say."

People were encouraged to choose who supported on a daily basis and their preferences for how care and support was provided were documented in their care plan. A one page profile had been developed for each person who used the service and staff. The profiles were displayed in the main entrance and indicated amongst other things 'what people admire about me', 'what is important to me' and 'how best to support me'. A member of staff explained, "We are all on the board, warts and all. It's there to remind staff of what people's preferences are and also to show the guys we are all the same; one big family."

During the inspection we used the SOFI (Short Observational Framework for Inspection) tool. SOFI allows us to spend time observing what is happening in a service and helps us to record how people spend their time, the type of support they received and if they had positive experiences. We spent time in a communal area and saw staff interacting with people who used the service in a supportive and caring way. People were content in the presence of staff and relaxed in the happy atmosphere of the home.

Staff told us how they would respect people's privacy and uphold their dignity. Comments included, "I always knock on their door before I go in their rooms" and "If I am supporting them with personal care I always make sure the door is closed, I cover them over and always explain what I am doing as I do it." The registered manager told us, "(Name) has his bedroom curtains closed all the time, it's his room and his choice, so we respect it, his room is his private place."

Staff showed concern for people's well-being and responded quickly when people's needs changed. We saw that a referral had been made to a specialist psychiatrist when people who used the service required specific support in relation to their personal needs. A member of staff explained, "(Name) is growing up and will get worked up; we knew what to do so quickly got in touch with the relevant people to help relieve the issue."

Good

Is the service responsive?

Our findings

A relative told us they were involved with the planning of their family member's care. They said, "I attend all the meetings, all the reviews and the service always ring me and keep me informed."

People who used the service or those acting on their behalf were involved in reviews of their care when possible. We saw reviews were conducted on a six monthly basis and an evaluation tool was used every monthly which included sections titled, 'what's working well', 'what's not working' and 'action to take'. The evaluation covered specific areas of care and support such as personal care, diet and nutrition, mobility, behaviours and communication. A member of staff told us, "We do mini reviews every month which helps us stay on top of things and makes sure we take any action we need to."

Support plans had been developed from information gained during initial and on-going assessments, discussions with people's relatives and from observation made by staff when they were supporting people. Each support plan was written in person centred way and included what tasks people could carry out independently. Patient passports had been created which were intended for use when a person who used the service required support from another care service such as a hospital. Patient passports contain all relevant information about the person including their methods of communication. A member of staff told us, "We have patient passports for both the guys but because of how they are funded (by the local authority commissioning service) we would go to the hospital and stay with them."

Risk assessments had been developed when specific areas of concern had been identified. Each assessment contained guidance for staff to minimise the risk in aspects of daily life including choking, fire, behaviours (that challenge the service and others) finances, bathing, physical harm, independence and the environment. Subsequent risk assessments were developed for individual activities that people participated in.

People were encouraged to develop new and maintain existing relationships with people who mattered to them. One person regularly visited their family and spent nights away from the service. Staff supported people to take part in a range of activities to meet their social care needs including attending local discos, holidays, social clubs and weekly lunch events. A member of staff told us that the service held birthday parties for the people who used the service and that people from other of the registered providers services attended.

We were told by a team leader that the service encouraged people to complete work placements and had supported one person last year to work in a garden centre one day each week. They also said, "We have made contact with someone who owns a small holding so we can let they guys work with and feed the animals."

The registered manager told us people received person centred care. They said, "Because we support people on a one to one basis that allows the staff to spend as much time as is needed on any task." A member of staff explained, "If (Name) wants to walk to the shop ten times a day that's not a problem, we have the time to let them choose to do anything they want."

The registered provider had a complaints policy in place that provided information in relation to how to make a complaint, acknowledgment and response times and what action to take if the complainant was unhappy with the response they had received. A complaints procedure was displayed in the home in an easy read format so it was more accessible to the people who used the service.

We looked at two complaints that had been received by the service since out last inspection and saw they had been investigated appropriately and responded to in a satisfactory timescale. The registered manager told us, "We try and use the complaints to improve the service when we can."

Requires Improvement

Is the service well-led?

Our findings

We saw that people who used the service knew the registered manager and were comfortable in their presence. A member of staff told us, "The manager is great, she is a good person to work for, we (the staff) really like her and so do the guys." Another member of staff said, "You can talk to her about anything; she is really fair with us" and "Her door is always open."

The registered manager told us audits of care plans, staff supervisions, complaints, accidents and incidents, activities and behaviour charts were completed regularly. However, we found that documented evidence to confirm audits had taken place and subsequent action plans had been developed were not always available. The registered manager told us, "I do audits every month but if there are no issues I don't always record it." Failing to record what action is required after audits have been completed could lead to areas that require improvement being missed or over looked.

After the inspection took place the registered manager contacted us and said, "I've started working on a more effective format for me to be able to document more clearly audits that I have completed and any action plans required." When audits are not recorded the registered provider cannot gain a clear picture of the improvements that are required within the service which could lead to people not having the individual needs met in a consistent way.

We recommend that the service seeks guidance from a reputable source in relation to effective recording of quality monitoring systems.

A quality assurance system was in place at the service which comprised of stakeholder surveys, reviews and assessments. Stakeholder surveys made available in an easy read format and people who used the service were supported by staff to complete them as required. The reviews we saw indicated people 'felt safe', 'felt in control of their lives', 'lived in a clean home' and, 'got to see their family and friends'.

The registered manager told us they felt supported by the registered provider. They said, "We have managers meetings where we discuss any changes to best practice and new legislation" and "I can speak to the directors anytime they are very involved with what we do. If I have concerns with staff or safeguarding concerns we talk about it openly."

The registered provider told us they were aware of the key challenges faced by the service in relation to recent changes in legislation. They said, "There has been lots of changes including the deprivation of liberty safeguards and we have had meetings with our commissioners to develop our service model and will ensure we continue to deliver a very high level of care and support." The registered manager told us, "I have discussions with the staff about their duty of care, what they are accountable for and what their responsibilities are." Care Quality Commission registration requirements were fulfilled. Notifications of accidents, incidents and other notifiable events that occurred within the home were reported as required.

Staff were aware of their responsibilities and received given guidance during staff meetings and handovers. A member of staff said, "The manager listens to our ideas and encourages us to look at new ways or working. I have been working with a speech and language therapist which was great and its open a lot of doors for us and (Name)." A team leader told us, "My job is to help the guys reach their full potential." We saw evidence to confirm staff were supported during handovers, team meetings and one to one supervisions with their line manager.

Resources were available to develop the staff team and drive improvement within the service. A team leader we spoke with said, "I was promoted recently and have been supported by the manager at every step" and went on to say, "I have just started to do my NVQ (National Vocational Qualification in Health and Social Care) level three so I can learn the theory side of things."

The registered manager told us they worked closely with relevant healthcare professionals such as the speech and language team, learning disability nurses and psychologists to ensure people received care and treatment in line with best practice guidance.