

# Quality Care (EM) Limited

## Fox Glove

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Fox Glove is a residential care home that was providing personal care to two people aged under 65 who may have a learning disability or autistic spectrum disorder the time of the inspection.

People's experience of using this service:

The service was working within the principles of Registering the Right Support. Registering the Right Support holds the expectation that people with a learning disability are as entitled to live an 'ordinary' life as any other citizen. We believe that the underpinning principles of choice, promotion of independence and inclusion for individuals are fundamental to what a good service looks like for every person with a learning disability.

People told us that they felt safe living at Fox Glove. Systems were in place to protect people from potential abuse and staff were aware of the safeguarding process.

People could be assured that they received their medication as prescribed and that it was stored safely. Risks to people's safety was assessed to minimise harm and there was enough staff to keep people safe.

The home was clean and free from hazards and people were protected from cross infection as staff wore personal protective equipment.

People were supported to keep healthy and access healthcare services when needed. Staff had received training to support people which they told us was very good.

People had their needs assessed and were supported to maintain their nutrition and hydration needs. The service had been adapted and designed to meet the needs of the people living there.

The provider was working in line with the principles of the Mental Capacity Act 2005.

People's privacy and dignity was respected, and their independence promoted. People told us that staff were kind. People were encouraged to be involved in planning their care, for example keyworker sessions were held where people could talk about things, such as activities they wanted to do.

Care was personalised to meet people's individuals' preferences giving them choice and control with their care and support needs.

Notifications were submitted to us as required by law and the manager understood their duty of candour.

Governance systems were in place to monitor the management of the service and the provider worked in partnership with other agencies.

Rating at last inspection: This was Fox Glove's first inspection.

Why we inspected: This was a planned inspection based on our inspection schedule.

Follow up: We will continue to monitor this service with the information we receive.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Fox Glove

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was undertaken by one inspector.

#### Service and service type:

Fox Glove is a residential care home where personal care and accommodation are provided together. Both the care that people receive, and the premises are regulated by CQC. Fox Glove is registered for three people aged under 65 who may have a learning disability or autistic spectrum disorder.

The service was in the process of registering a manager with the Care Quality Commission. A registered manager along with the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted the local authority for any feedback about people's care to find their views about the quality of the service.

During inspection we spoke to one person, two care staff, the manager, the nominated individual and one professional. We looked at two people's care and support plans, medication records, staff recruitment files and other documentation relating to the running of the service.

After the inspection the manager sent us additional information that we asked for.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse. When concerns had been identified these had been reported to the local safeguarding authority as required.
- People told us that they felt safe.
- Staff were able to tell us about the different types of abuse and signs that they would look out for.
- Staff knew who to report safeguarding concerns to if necessary.

Assessing risk, safety monitoring and management

- People received support from staff who maintained their safety. Assessments were in place that explained the risk's associated with people's care needs and the support they needed to minimise the risk of harm. For example, where people had behaviour which may challenge, plans were in place which showed staff how best to support people.
- The provider ensured that all fire equipment was regularly maintained, and fire drills had taken place.
- People had personal evacuation plans for staff to follow in the event of a fire or emergency and people could tell us what to do in the event of a fire, with one person saying, "Go outside and stand with staff."

Staffing and recruitment

- Staff were safely recruited. The provider followed safe recruitment procedures to ensure potential new staff were of good character. These checks included disclosure and barring service (DBS) checks for staff. DBS helps employers make safer recruitment decisions.
- There were enough staff to keep people safe. We saw support was provided in line with people's assigned hours.

Using medicines safely

- People could be assured they received their medication safely.
- Medication administration records were fully completed, and medication stock records were recorded and correct. This meant that people had received their medication as prescribed.
- People had their medication safely stored in locked cabinets.

Preventing and controlling infection

- People were protected from the risk of cross infection.
- The home was clean and free from hazards.
- Staff had access to personal protective equipment and gave us examples of when they would wear this, for example, when applying cream and giving medication.

Learning lessons when things go wrong

- Lessons had been learned when things had gone wrong. The manager stated that although they have now recruited staff, there was a time when staffing levels had dropped.
- To deal with this issue, they ensured that staff who normally worked at a different service were trained to support the people who lived at Fox Glove. This has given the service more flexibility regarding staffing.



# 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

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

- People had their needs assessed, this meant they received effective care and support in line with relevant guidance.
- Where people had health needs, for example epilepsy, plans were in place that gave staff guidance on how best to support people.
- Where people had behaviour which may challenge, plans were in place which guided staff on strategies to use to help support people.

Staff support: induction, training, skills and experience

- People received support from staff who had had the right training to deliver effective care.
- New staff completed a structured induction and worked alongside more experienced members of the team to learn about people's needs.
- Staff told us that the induction was very good, with one staff member telling us, "It was very informative."
- Training records showed that all staff were up to date with their annual compliance training. This meant that people could be assured they were being supported by staff who had received the most up to date training.

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

- People were supported to maintain their nutritional needs with a varied diet.
- People told us that they liked the food at Fox Glove.
- Care plans detailed the support people required around their nutritional needs, for example if somebody required their food cutting up into small pieces due to being at risk of choking.
- Staff helped people to choose what they wanted to eat using picture cards and people were involved in preparing their meals.

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

- People were supported to stay healthy and access healthcare services when needed.
- The provider had made referrals to health professionals, for example community nurses and specialist teams within the hospital.
- We saw that people were supported to access these appointments and staff were aware of people's specific health needs.
- People had hospital passports in place should they be admitted to hospital. This provided other professionals with important information about people, so they can be provided with the support they need.

Adapting service, design, decoration to meet people's needs

- The service was designed and adapted to people's needs.
- People had preferences on how they wished to bathe, and this was accommodated, as they could choose between a bath or shower.
- Bedrooms were personalised and decorated according to the people's wishes.
- People had access to outdoor space, in the form of a garden and activities were held out there.
- We saw a mural painted on the wall in the dining room which aimed to engage people to find certain objects within the mural. Staff told us that they would be adding further objects in, following feedback from people.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The service was working within the principles of the MCA. People were given choices and where people did lack capacity to make specific decisions, then capacity assessments and best interests decisions had been made.
- The service had applied for DoLS when necessary.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported and treated well. One person told us that staff were kind and they could play their music when they wanted to.
- We witnessed kind and caring interactions between staff and people.
- The service had considered people's diverse needs and recorded these in their care plans. This included gender and sexual awareness and religious views and plans were in place to support these needs.
- We saw records which showed staff volunteering to work certain shifts, so they could support people with activities in the community which they enjoyed doing.

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

- People were supported to be involved in decision making as much as possible.
- Meetings with keyworker staff gave people the opportunity to talk about their care and support. For example, at one recent meeting, a person had decided which community activities they wanted to.
- Where people did require support to communicate, the provider had put in place communication aids. For example, communication cards so that the person could point to them to explain what type of pain they were in. This meant that staff could offer the correct support to that person.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected, and independence promoted.
- Risk assessments were in place, which detailed people were to be encouraged to wear appropriate clothing to maintain their dignity.
- Staff could give us examples of how they respected people's privacy, for example knocking on doors.
- To encourage people's independence staff told us that offered verbal encouragement if people could complete personal care tasks themselves, for example brushing teeth.
- Staff also stated they encourage people to make their own drinks and snacks.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised support by staff who knew them well.
- People told us they were aware there were meetings about their care and support, but they did not attend. Staff told us there was an open-door policy on meetings and it was people's choice if they attended or not.
- Staff could tell us about people's needs and what their likes and dislikes were.
- The provider supported people in line with the Accessible Information Standard. This ensures that people have information available to them in ways they can access and understand. For example, using pictures to describe what a care plan does.
- People had choice and control of how they spent their time outside the service. They were supported to take part in meaningful activities, for example one person told us that they attended a weekly music group.
- We saw records that showed another person had decided where they wanted to go on holiday this year.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place.
- One relative had raised a concern, and this had been responded to appropriately, with details given of how they were planning to improve the service.
- Due to people's different communication needs, key worker sessions were held, and this enabled people to raise any concerns if they wished.

End of life care and support

- The service was not providing end of life care and support to people at the time of our inspection.
- However, the service had considered this issue and had systems in place should this issue arise in the future.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The manager was aware of their duty candour responsibility and stated that it was about being, "Open and transparent" and owning up to mistakes.
- The provider had a clear mission statement which included, aiming to encourage independence, rights, equality, confidentiality and encourage privacy and dignity. These values were followed in practice.

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

- Registered providers must notify us about certain changes, events and incidents that affect their service or the people who use it; these are called notifications. The provider was aware of their regulatory requirements and notifications were submitted to CQC as required by law.
- The providers governance systems helped to monitor the management of the service. For example, weekly reports were completed by the manager which looked at issues such as if there had been any safeguarding concerns or health issues. This information was sent to the provider, which meant they had oversight of the service.
- Although there was no registered manager in post, staff told us that the management team were approachable and, "Very good."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service provided a monthly newsletter to family members, which updated them on what their relative had been doing that month.
- To engage with family members a coffee morning was held once a month at the service.
- Feedback from family members had been sought, however at the time of our inspection none had been returned.

Continuous learning and improving care

- The provider stated they received updates from organisation such as CQC and the National Autistic Society which they used to feed into the training they provided.
- Staff meetings were held which enabled staff to discuss how to improve the care and support people received. For example, the last staff meeting a suggestion was made about having an achievements wall.

Working in partnership with others

- The provider worked in partnership with other professionals. One health professional told us, "The staff are very good, they are always in contact over the phone."
- They also told us that staff follow their advice and, "Information [about the person that they have requested] is available every time they visit."