

# Green Light PBS Limited

# Foxhole House

## 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

Foxhole House is a residential care home providing accommodation and personal care for one person. The service provides support to younger adults who have a learning disability or autism. At the time of our inspection there was one person using the service. Foxhole House is a detached bungalow in a residential area.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right support

The model of care and setting maximised people's choice, control and independence. People were supported to develop their independence and take control over their own lives. People made choices and took part in meaningful activities which were part of their planned care and support. People were supported to make decisions by staff who used best practice in decision-making and communicated with people in ways that met their needs. People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met their sensory and physical needs.

### Right care

People received kind and compassionate care from staff who protected and respected their privacy and dignity and understood and responded to their individual needs. People were protected from abuse and poor care and any concerns were robustly addressed. The service had enough appropriately skilled staff to meet their needs and keep them safe. People who had individual ways of communicating, using Makaton (a form of sign language), pictures and symbols were able to interact comfortably with staff and others involved in their care and support.

People enjoyed undertaking activities and pursued interests that were tailored to them. They were given the opportunity by staff to actively engage and try new activities. Staff ensured individualised risk assessments were undertaken. Where appropriate positive risk taking was encouraged and enabled.

### Right culture

People lead confident, inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care and support from trained staff

and specialists who were able to meet their needs and wishes. People were supported by staff who understood best practice in relation to focusing on and developing people's strengths. This meant they received compassionate and empowering care that was tailored to their needs.

Staff placed people's wishes, needs and rights at the heart of everything they did. Staff knew and understood people well and were exceptionally responsive, working to understand people's aspirations so they could live a quality life of their choosing. People and those important to them, were actively involved in planning their care.

People's quality of life was enhanced by the culture of improvement and inclusivity within the service

New staff were recruited safely and received a comprehensive induction.

Staff understood how to manage and administer medicines safely.

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.

All aspects of the service, including incidents, were reviewed on a regular basis to identify any areas that could be improved.

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

This service was registered with us on 3 November 2020 and this is the first inspection.

#### Why we inspected

This is the first inspection of this newly registered service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

## 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.

# Foxhole House

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector

#### Service and service type

Foxhole House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Foxhole House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### 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 reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with a relative and two staff members by phone prior to the inspection. We also reviewed the person's care plan and staff recruitment records. During the inspection we spoke with the registered manager and a staff member. We looked at a range of records including health monitoring records, infection control records, medicines records and records showing how the quality of the service was monitored and reviewed.

#### After the inspection

We spoke with a relative and continued to seek clarification from the registered manager to validate the evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff completed safeguarding training and told us they were informed of any updates to the provider's policy. Safeguarding procedures were also discussed at staff meetings.
- Staff told us they felt comfortable in raising any concerns with the leadership team, and that any safeguarding concerns would be addressed.
- A relative told us they felt their family member was safe living at the service. They told us if the person didn't feel safe living at the service, they would be able to tell from their behaviour. They confirmed their family member was always keen and happy to return to the service.

Assessing risk, safety monitoring and management

- Staff understood how to keep the person safe. Risk assessments were in place that provided staff with guidance on how to reduce risks to the person. National guidance had been sought to help ensure these reflected current best practice.
- The person was supported to take positive risks to enhance their life.
- Regular health and safety audits and environmental checks were carried out to monitor the safety of the service. The person was involved in these where possible.
- An individual fire evacuation plan was in place to ensure staff could support the person in the event of a fire or other emergency.

Staffing and recruitment

- Arrangements for staffing reflected the needs of the person using the service. Staffing levels had recently been reassessed and changes implemented promptly.
- Staff responded promptly to all requests.
- There was a suitable recruitment and induction process; however, the person, their family or staff had not been involved in the recruitment process to help ensure new staff were well suited to the service.

Using medicines safely

- Staff understood what the person's medicines were for and were trained to manage and administer them safely.
- The person had several prescribed creams that were to be applied 'when required', (PRN). The person's records did not contain information about when and where to apply these creams or what support the person needed. Following the inspection, the service shared an updated PRN protocol which listed all creams and what they were for. They also told us they had included information about what support the person needed to apply the creams.

- When PRN medicine was administered to the person, including pain relief, staff did not record whether it had been effective or not. Following the inspection, the registered manager told us they had amended the PRN record to include this information.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- The provider had admitted the person safely and was not planning to admit anyone else to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for the person using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff supported the person to maintain important relationships. There were procedures in place to enable safe visiting in line with current government guidance.

#### Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately. They received a debrief following any incident.
- Learning from incidents was actively taken forward to reduce the likelihood of it reoccurring. The registered manager told us there was a 'no blame' culture which helped staff focus on any possible learning.
- Incidents were reviewed regularly by the person's keyworker, the registered manager and the provider. This helped ensure any themes or trends were identified and action taken to improve the service.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Before the person moved into the service, they had time to get to know staff. They then spent time in the service but did not stay. This helped ensure they felt familiar with the staff and environment before moving in and that staff understood their needs and could support them effectively.
- The staff team worked closely with the person's relatives and valued information they shared about the person's needs or preferences.
- Staff took the time to understand the person's behaviour. They described how they recognised the person might be feeling anxious and how they supported them at this time.
- The staff understood that routine and familiarity were important to the person. This helped them meet the person's need in a way that suited them.

Staff support: induction, training, skills and experience

- Updated training and refresher courses were scheduled so that staff continuously demonstrated best practice.
- There was evidence of ongoing supervision, appraisal and recognition of good practice.
- There were clear procedures for team working and peer support which promoted the provision of good quality care and support.
- A compliment received by the service about staff include, "Please pass on our sincere thanks to them. We're delighted to have [service user] back, so ably supported by your fantastic staff!"

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

- The person was supported to plan their own meals and shop for the food they wanted.
- Staff encouraged the person to eat a healthy and varied diet to help them to stay at a healthy weight.
- Staff had identified an issue with the person eating certain types of food. They had sought professional advice, supported the person to alter their diet and reported that they felt the person was now happier and healthier.
- The person was involved in preparing and cooking their own meals in their preferred way. They were able to get food and drinks whenever they wanted to.

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

- The service had been chosen and designed to meet the needs of the person living there. It was close to places they liked to go and was spacious and light. Staff told us these things were important to the person. One staff member commented, "I really think [...] likes their home" and relatives confirmed, "It's perfect for

them. They definitely made sure it was right" and "[...] knows Foxhole house is their home."

- Before the person moved into the service, they had been involved in choosing the décor and soft furnishings.
- Staff were developing the garden to meet the needs of the person. For example, the person particularly liked eating pears, so staff had recently supported them to plant some pear trees.

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

- The staff team told us they were vigilant of any changes to the person's physical health or mood. Any concerns prompted a referral to the relevant professional for advice.
- The person had good access to physical healthcare and was supported to live a healthier life. When the person first moved into the service, staff focused on supporting them to improve their fitness levels. This had improved their mobility and enabled them to enjoy a wider range of opportunities.
- Staff used social stories to help the person understand the need to attend certain health appointments.
- The person had been supported to have a blood test, which had not been previously possible. The family member told us, "They did a desensitisation programme. They planned it all out." They also added that the person trusted staff which helped them accept the medical care.
- The person's care plan contained clear detail about how to support the person with their oral care.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The model of care employed by the service promoted supportive practice that ensured restrictive practice was only ever used as a last resort. Any restrictions were regularly reviewed to check they were still necessary.
- Staff were aware of the person's capacity to make decisions through verbal or non-verbal means.
- Staff empowered the person to make their own decisions about their care and support.
- Assessments of the person's capacity to make certain decisions were in place and where necessary these were supported by best interests' decision.
- Appropriate DoLS authorisations had been applied for.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 talked to and about the person as their equal and showed warmth and respect in their interactions. This created an inclusive atmosphere. A relative confirmed, "They work together at the voluntary placement. I am very happy. [...] is growing in confidence."
- Staff were patient and used appropriate styles of interaction with the person. They understood that the person reflected other's moods and so ensured they were upbeat and positive when working. Staff told us, "We have a lot of fun times"; and a family member added, "It is so lovely to see how happy they are now."
- Staff were mindful of the individual's sensory needs. Their care plan described how staff could ensure the person was protected from exposure to any environmental factors they would find stressful.

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

- Staff had worked with the person to develop an effective way for them to communicate their choices and feelings. A communication board with pictures of various options and feelings helped the person tell staff what they wanted to do or how they were feeling.
- Staff had consulted the provider's behavioural analyst to identify ways to support the person to be more involved in decision making.
- There was a communication care plan in place for the person but it did not include all words, gestures or expressions commonly used by the person to make choices or express their views. It did not describe how staff would recognise the person was in pain either. The registered manager updated this document during the inspection to reflect this detail.
- The person was supported to maintain links with those that were important to them. This helped ensure any decisions were made in partnership with the person and their family.

Respecting and promoting people's privacy, dignity and independence

- The person had the opportunity to develop new skills. They were encouraged and supported to complete tasks in their home and garden. Staff reported they were doing more and gaining greater independence. A family member confirmed, "They are definitely wherever possible trying to promote independence. We've been amazed at some of the things [...] is now doing."
- The person was supported to be involved in activities and tasks at a level that suited their understanding. For example, they were unable to understand money and finances, but their care plan described that they liked to do their food shopping and use the self-service checkouts.
- Staff routinely sought activities for the person such as voluntary work and leisure activities based on what they knew of the person's likes and preferences.
- The culture in the service valued and promoted the person's individuality, protected their rights, respected

their personal characteristics and enabled them to develop and flourish.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Staff spoke knowledgeably about how new opportunities were introduced and tailored to the individual's needs. They understood that sometimes the person needed a gradual introduction and positive reinforcement to accept a new activity, but also recognised when the person was not interested in something.
- Support focused on the person's quality of life outcomes which were regularly monitored and adapted as a person went through their life. A relative told us, "It is 100% a person-centred provision."
- Staff told us they regularly discussed possible future goals they could offer the person that would be meaningful and of benefit.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had good awareness, skills and understanding of the person's communication needs. They knew how to facilitate communication and understood when the person was trying to tell them something.
- There were visual structures, including photographs and symbols which helped the person understand what was going to happen during the day.
- Easy read information to aid the person's understanding during an emergency evacuation was displayed at various points in the building.

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

- The person had access to a range of meaningful activities that met their personal preferences. These were tailored to their needs and staff regularly discussed how they could support them to try new things they might enjoy.
- Staff helped the person understand what they were doing next by involving them in preparations, for example packing items to go swimming or to the beach.
- The person was supported with self-care and everyday living skills. The support was provided in a person-centred way which helped encourage them to join in.
- Staff enabled flexibility, to ensure that wherever possible the person enjoyed freedom of choice and

control over what they did. For example, staff told us during the summer, the person liked to stay out later and sometimes had a barbequed dinner on the beach.

Improving care quality in response to complaints or concerns

- The person's relatives understood how to raise a concern or complaint and were confident in doing so.
- The person was unable to raise a complaint verbally but staff were committed to collecting and recording the person's reactions so they could ensure the service worked well for the person.

End of life care and support

- The person had an end of life care plan in place.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The registered manager worked directly with the person and led by example. A staff member told us, "She leads from the front. She asks questions. Communication is very good and [the registered manager] is part of this."
- Team meetings were used to discuss how to achieve good outcomes for the person. Staff were able to suggest improvements and monitoring was then completed to identify whether these were effective.
- Feedback received by the service from a professional included, "I've seen amazing progression for the young person they support over a period of time and I can see that the team are totally committed to supporting [...] to maximise their opportunities and abilities in life. Thank you!!!"
- A full review was carried out each month covering all aspects of the person's life. This was shared with relatives and staff and used to celebrate positive outcomes as well as to find where improvements or changes could be made.
- Management were visible in the service, approachable and took a genuine interest in the views of the person, their family, staff and other professionals.
- The provider and registered manager were alert to the culture within the service.
- Management and staff put the person's needs and wishes at the heart of everything they did. The registered manager told us, "[...] leads this service, without a doubt. This is their home; we work around them. They lead the activities and we just facilitate them. Their family are an integral part of the service too" A relative confirmed, "Staff sit behind [...] and allow them to make those decisions, it empowers [...] to make their own decisions. Everything about the service is right."

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

- Staff and the registered manager gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The registered and deputy managers had recently completed a leadership course and were also due to attend training on closed cultures. They were keen to share learning with staff and use it to improve the service.
- The registered manager and staff were committed to reviewing the person's care and support on an

ongoing basis.

- The provider invested in staff by providing them with quality training to meet the needs of the person using the service.

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

- The person was enabled to develop their own service with the support of their family. A relative told us, "I am grateful that we are involved in everything."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.
- Feedback was regularly sought from a range of stakeholders and was used to develop the service.

Continuous learning and improving care

- There was a culture of reflection, learning and improvement in the service. Staff told us they were constantly reviewing the support they provided with the aim of improving the person's life.
- Staff said they worked as a team rather than individuals and that this often enabled them to resolve any issues promptly.
- Checks and audits were completed on all aspects of the service. These were collated and reviewed by the registered manager who submitted a monthly report of their findings to the provider. The provider also completed quality checks of the service to ensure the findings were accurate.

Working in partnership with others

- The service worked well in partnership with other health and social care organisations. This helped improve the person's health and life outcomes.