

Foxglove Care Limited

# Foxglove Care Limited

## Inspection report

96-98 Church Street  
Sutton  
Hull  
Humberside  
HU7 4TD

Tel: 01482826937  
Website: [www.foxglovecare.co.uk](http://www.foxglovecare.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Foxglove Care Limited, is a small residential care home and is close to local shops and amenities. The service is registered to provide support to adults who may be living with a learning disability or autism spectrum disorder. At the time of our inspection the service was providing personal care to 4 people. One person was a permanent resident and 3 people were receiving respite care. The service can support up to 4 people.

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

#### Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported by staff to pursue their interests. People were able to personalise their rooms and staff enable people to access specialist health and social care support in the community. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

#### Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. People could communicate with staff and understood information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs, and this promoted their well-being and enjoyment of life.

#### Right Culture:

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality of life of their choosing. Staff placed people's wishes at the heart of everything they did, and ensured the risks of a closed culture were minimised so that people received support based on transparency, respect, and inclusivity. Relatives gave positive feedback about staff and told us they were happy with the service Foxglove Care provided.

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

### Rating at last inspection

The last rating for this service was good (published 6 October 2017).

### Why we inspected

We received concerns in relation to the environment of the building. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. The provider had taken action to mitigate the risks and was already compliant in areas we had previously identified. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Foxglove Care Limited - 96-98 Church Street, on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

|  |                      |
|--|----------------------|
| <p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>             | <p><b>Good</b> ●</p> |
| <p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p> | <p><b>Good</b> ●</p> |

# Foxglove Care Limited

## 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.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

Foxglove Care Limited 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. Foxglove Care Limited 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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.

Inspection activity started on 6 November 2023 and ended on 7 November 2023. We visited the location's service on 7 November 2023.

### What we did before the inspection

We reviewed the information we received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 1 person who used the service and 2 relatives about their experience of care provided. We spoke with 6 members of staff, including the operations manager, the registered manager, the home manager and 3 care workers.

We reviewed a range of records. This included 2 people's care records and 2 people's medication records. We looked at 1 staff file in relation to recruitment and supervision. We reviewed a variety of records relating to the management of the service. We also received information from 1 health care professional who visits the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. Staff knew people well and understood how to protect them from abuse. A relative said, "They are very safe there; I have no concerns at all."
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us they had received safeguarding training.
- The registered manager had a process in place to review all accidents and incidents. These were responded to appropriately and lessons were learnt to drive improvements in the service.

Assessing risk, safety monitoring and management.

- Risks to people's safety and welfare were assessed appropriately. Risks associated with people's care had been identified and plans were in place to minimise risk occurring. Staff told us they contained enough information to care for someone safely.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- The provider carried out regular health and safety checks, to ensure the building was safe, and took action to mitigate any identified risks. For example, where it had been identified some areas of the home required up-grading or replacing, action had been taken and improvements made.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Where people lacked capacity to make decisions, appropriate people were involved in making decisions in people's best interests.

Staffing and recruitment

- There were enough staff to ensure people received safe care and 1-1 support to enable them to take part in activities and community leave how and when they wanted. A staff member said, "Staffing levels are very good, all the service users have 1-1 support every day."
- Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure new or temporary staff could see quickly how best to support them.
- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered employment.

#### Using medicines safely

- People received their medication as required. Staff followed effective processes to assess and provide the support people needed to take their medicines safely.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines and ensured medicines were reviewed in line with the principles of STOMP (stopping over medication of people with a learning disability, autism, or both).

#### Preventing and controlling infection

- The service used effective infection, prevention, and control measures to keep people safe. Cleaning schedules were up to date and identified actions with time frames for completion. This was monitored through the provider's quality assurance checks.

#### Visiting in care home

- People were supported to have visits from family and friends and no restrictions were in place regarding visiting.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained 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 provider and registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights, and enabled them to develop and flourish.
- Managers were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates, and other professionals had to say. Staff told us they were supported by a good management team.
- Staff felt able to raise concerns with managers without fear of what might happen as a result. A staff member said, "Our managers are very understanding and approachable, I would not hesitate to speak to them if I had any concerns."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed. A health care professional told us the service was well-led.
- The provider's governance processes were effective and helped to hold people to account, keep people safe, protect people's rights and provide good quality care and support.
- The provider had a quality assurance system in place regarding reporting, investigating and learning from incidents when things went wrong. Any required actions were fed into the service and provider governance meetings.

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;

- The registered manager demonstrated an open and transparent approach and understood their responsibilities under the duty of candour.
- The registered manager was aware of their obligations for submitting notifications to CQC, as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought feedback from people and those important to them and used the feedback to develop the service. People and their relatives received a newsletter informing them of events that had

taken place within the organisation.

- Staff had regular team meetings and they told us they can discuss issues that are important to them, and they feel listened to.
- We saw evidence the service was working in partnership with community professionals to meet people's needs and improve their outcomes. A visiting professional said, "They [Staff] would always contact me if they needed to and they always act on any recommendations I have given, they are a very good team."