

Fox Elms Care Limited

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Inspection report

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Tel: 01452382357

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

Fox Elms Care provides personal care to older and younger people with a learning disability, sensory or physical disability or mental health needs living in their own homes in Gloucestershire. Some people lived in private homes on their own or with family and other people lived in shared housing. Fox Elms Care was providing personal care to 25 people at the time of our inspection.

At the last inspection on 3 February 2016, the service was rated Good.

This focussed unannounced inspection on 16 December 2016 was prompted in part by a notification of an incident following which a person using the service died. This incident is subject to a coroner investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the management of the risk of choking. This inspection examined those risks and other risks people might potentially face.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found the service remained Good.

People's care and support considered risks to their safety and systems had been put in place to manage these. Accident and incident records monitored events and action had been taken to respond to these involving the input and advice of health care professionals. People were supported by staff who understood how to respond in an emergency to any accidents, incidents or near misses.

Further information is in the detailed findings below.

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 remains Good. People's risks were being managed and systems were in place to reduce risks. Plans were in place to respond to emergencies and to share risks about people's care and support with health care professionals.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 December 2016 and was unannounced. One inspector carried out this inspection. We reviewed information we have about the service which included notifications. A notification is a report about important events which the service is required to send us by law. We also considered information shared with us from commissioners, the local safeguarding team and other organisations working with the provider.

We inspected the service against one of the five questions we ask about services: is the service safe? As part of this inspection we spoke with the registered manager and one member of staff. We reviewed the care plans and risk assessments for six people which included accident and incident records and the recommendations of health care professionals.

Is the service safe?

Our findings

People's risks were assessed and there were arrangements in place to manage these. People's care plans identified when they were at risk of known hazards for example choking, epilepsy, self-harm and using transport. Each person had a care plan which clearly described the risks they encountered in their day to day lives. These plans cross referenced with a risk assessment which detailed the systems in place to minimise these hazards. Accident, incident and near miss records were monitored to look for any trends developing for which further action needed to be taken. There was evidence that when necessary the appropriate health care professional had been contacted to seek advice and their recommendations about how to manage the risks to people.

People at risk of choking had guidance in their eating and drinking care plans and the associated risk assessment about how to support them safely when having meals, snacks and drinks. These records reflected the guidance provided by the speech and language therapist. For example, ensuring the person was positioned correctly at the table or in their chair, giving them individual support or close supervision and preparing the food to suit their mood. Staff were told to assess how people were feeling emotionally when giving them their meals. If a person was in a low mood or in a heightened state of anxiety they were told to make sure people had food which was fork mash able or soft and to make sure drinks were thickened and half a cup was given at a time. Speech and language therapy guidance had been transferred across to care plans and recommended when people's moods were changeable to avoid high risk foods such as bread and doughnuts. On days when people were happy and calm they could revert back to having these foods. The registered manager confirmed staff had completed training in risks individual to each person such as dysphagia (difficulty in swallowing), epilepsy emergency medicines and first aid.

People's care records described systems for minimising risks. We discussed with the registered manager variations in the clarity and comprehensiveness of care plans. Three care plans were very clear and provided staff with step by step guidance about what to do to avoid a person choking which included using a two plate strategy to manage the amount of food people had in front of them to eat. Two care plans referred the reader to the speech and language therapist recommendations and to their risk assessments without detailing the content in the care plans. The registered manager gave this feedback to staff to review and update people's care plans to ensure a consistent approach. Accident and incident records confirmed there had been no reported episodes of choking for people from 1 January 2016 until 27 November 2016.

People at risk of other hazards were protected against the possibility of harm or injury. A 14 point risk assessment model had been used to develop systems to reduce the risk of harm. For people who when anxious afflicted pain or injury on themselves staff were advised what triggers to look for and how to anticipate people's reactions to changes in routines. Staff worked closely with mental health teams and people's GP's to review their medicines and types of support and treatment to minimise risks. Where able people had talked through with staff what helped them when they were extremely anxious and what action they could take to help them cope with their emotions such as distraction or diversion. Likewise guidance was in place for people who became upset when using transport. Staff tried new strategies to help keep people safe such as using a harness.

People were kept safe from the risk of emergencies. Each person had an individual personal evacuation plan in place to describe how they would leave their home in an emergency. Accident and incident forms evidenced when emergency services, the GP and crisis mental health teams had been called in response to the event. The registered manager told us how staff had worked with the local fire brigade to make sure people at an enhanced risk of fire in their homes had access to fire retardant accessories providing a safer environment, in addition to other fire safety systems.