Foxglove Care Limited

Foxglove Care Limited - 1 The Causeway

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

This inspection took place on 18 May 2017 and was announced. This was to ensure someone would be available to speak with us and show us records.

Foxglove Care – 1 The Causeway provides care and accommodation for up to three people who may have a learning disability. On the day of our inspection there were two people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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.

We last inspected the service in February 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the administration and storage of medicines.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff were suitably trained and had regular meetings with the registered manager and team leader. However, these meetings were not formally recorded. We recommend that one to one meetings between management and staff are recorded as formal supervisions.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists.

Family members were complimentary about the standard of care at Foxglove Care – 1 The Causeway.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The provider had an effective complaints procedure in place. Family members we spoke with did not have any complaints about the service.

Staff felt supported by the management team and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service is now Good.	**Good**

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 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 18 May 2017 and was announced. One Adult Social Care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During our inspection we spoke with two family members. People who used the service were unable to speak with us. We also spoke with the registered manager, team leader, operations manager, and two members of care staff.

We looked at the care records of the two people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Good

Is the service safe?

Our findings

Family members told us their relatives were safe at Foxglove Care Limited – 1 The Causeway. They told us, "Safe? Yes, I don't have any concerns" and "The door is always locked so [name] can't wander off".

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the registered manager and looked at staff rotas. Staffing levels depended on the needs of the people who used the service, for example, if they were attending organised activities and required one to one support. Staff absences were covered by the home's own staff or staff from the provider's other services and bank staff. On rare occasions, agency staff were used but only in an emergency. The registered manager would cover shifts themselves prior to calling agency staff. Staff and family members did not raise any concerns regarding staffing levels at the home.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

People were supported with behaviour that challenges and detailed guidance was provided for staff in how to prevent behaviour by recognising triggers and what action to take if the person became agitated or distressed. For example, "Please use short sentences and a firm tone" and "If I become more agitated, please support me to go to my bedroom to calm down for 10 minutes".

Accidents and incidents were appropriately recorded and analysed. Risk assessments were in place for people who used the service and staff. These described the potential risk, who was at risk, how the risk was controlled and any additional measures. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Health and safety monitoring checks were carried out and included kitchen safety, laundry, housekeeping, shower head cleaning and window restrictor checks. Records we saw were up to date. Daily cleaning checks took place during each day and night shift. Hot water temperature checks were carried out for bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014).

Electrical testing, gas servicing and portable appliance testing (PAT) records were all up to date. The service had a business continuity plan in case of emergency. Risks to people's safety in the event of a fire had been identified and managed, for example, the fire alarm was checked weekly, regular fire drills were carried out and a fire risk assessment was in place.

The provider had a safeguarding vulnerable adults policy and copies of the local authority safeguarding procedures and 'Action to be taken' flow chart were on the staff office wall. We found the registered manager understood safeguarding procedures and had followed them, statutory notifications had been submitted to CQC and staff had been trained in how to protect vulnerable people. The registered manager was a safeguarding training for the provider.

We found appropriate arrangements were in place for the administration and storage of medicines. Medicines were stored in a locked cabinet in the staff office. Room temperatures were recorded daily to ensure medicines were stored at the correct temperature. Medicines were checked daily against the medicine administration records (MAR) prior to administration. Medicines audits were carried out monthly and staff training was up to date.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. Family members told us, "I am happy with the staff. They are all really good", "They always keep me informed", "They are all aware of [name]'s needs" and "Everything is fine. No concerns".

Regular conversations took place between the registered manager or team leader and staff members however these were not documented as formal supervisions. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff told us they were fully supported by the registered manager and team leader and could have a one to one meeting with them at any time. They told us, "I can speak to [registered manager] and [team leader] any time. They are very supportive" and "We get together regularly to discuss things".

We recommend that one to one meetings between management and staff are recorded as formal supervisions.

The registered manager was aware that staff annual appraisals were due and showed us that 'Preparation for appraisal' forms had recently been given to all staff to prepare for their appraisals. Staff we spoke with were aware of these and had completed them.

Staff mandatory training was up to date. Mandatory training is training that the provider thinks is necessary to support people safely and included health and safety, infection control, food hygiene, first aid, medication, fire safety, mental capacity, safeguarding, moving and handling, epilepsy, and autism. New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

People who used the service were supported with their dietary needs. Diet and nutrition support plans were in place and recorded people's individual needs and preferences. For example, one person was identified as being at risk of choking due to eating their food too quickly. The person's support plan described that it was important for staff to cut the person's food up into small pieces and to encourage the person to eat slowly and chew their food properly. People had up to date food and fluid records in place, which recorded food, drinks and snacks the person had each day, and people were weighed monthly.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the

principles of the MCA and found the registered manager had submitted DoLS applications appropriately.

We saw copies of mental capacity assessments and best interests decisions in the care records. For example, a best interests meeting had taken place for one of the people who used the service to discuss the implications of a weekend holiday away from the home. The record showed that staff, the person's care co-ordinator and family member had all been involved in the decision making process. This meant the provider was working within the DoLS and MCA.

People had support plans in place for communication and had individual 'Communication books' which provided information on what the person was like, who was important to them, places they liked to go, how they communicate, things they like, things they don't like and how to help the person. For example, one person did not respond well to long sentences so staff were directed to use short sentences. The person also liked to use white boards, pen and paper, and alphabet charts to communicate.

People who used the service had 'Patient passports' in place, had access to healthcare services and received ongoing healthcare support. The aim of the patient passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. Care records contained evidence of visits to and from external specialists including dentist, chiropodist and speech and language therapists.

Good

Is the service caring?

Our findings

People we saw were well presented and looked comfortable with staff. We saw staff speaking with people in a polite and respectful manner and staff interacted with people at every opportunity. People were assisted by staff in a patient and friendly way and we saw and heard how people had a good rapport with staff. Family members told us, "I am happy [with the care]. As long as [name] is happy, I'm happy" and "[Name] is always happy in himself and he's always clean and tidy". A member of staff told us, "It's all about their quality of life. They [people who used the service] are the priority."

Care records described people's likes and dislikes. For example, one person enjoyed swimming on a Thursday, watching comedy on the TV and spending time in their room. The person disliked other people in their space, a lot of noise in the kitchen and walking on uneven ground.

Each person's care record included a 'One page profile', which recorded what was important to the person and how the person wanted to be supported. For example it was very important to one person to have access to writing paper and a pencil so they could communicate and draw. Another person's profile stated, "It's important I have access to my sensory room (my own space)." We saw the person's sensory room and the registered manager described how the person liked to access it on their own to have some time to themselves.

People were able to make choices. For example, one person's care record stated, "I will pick all my own clothes that I want to wear." Another person's care record stated, "My support staff have given me the choice of having my bath before breakfast. I have tried this and prefer to do this opposed to having a bath after breakfast."

People's privacy and dignity was respected. Staff knocked on people's bedroom and bathroom doors before entering. Care records described how staff were to respect people's privacy and dignity. For example, "Leave me in private when I go to the toilet but discreetly monitor things for me" and "Please leave the landing blind closed as I don't always remember to close the bathroom door". We saw the blind was shut during our inspection visit. This meant that staff treated people with dignity and respect.

People were supported to be independent and care records clearly described what people could do for themselves and what they required support with. For example, "In a morning I need help to prepare my breakfast and coffee", "I can wash myself and my hair with support", "I need staff to prompt me where to wash first" and "I am able to use the toilet independently". This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

Bedrooms were individualised and the registered manager told us people were able to choose what they had in their bedrooms. One person had photographs of their favourite singer and film on their bedroom wall, as well as photographs of activities they had taken part in.

Advocacy services help people to access information and services, be involved in decisions about their lives,

explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us advocacy services were available however none of the people using the service at the time of our inspection had independent advocates.

Good

Is the service responsive?

Our findings

Care records were regularly reviewed and evaluated monthly. These evaluated what was working, what was not working and what action to take. People's needs were assessed before they started using the service and important information was recorded about the person such as next of kin details and contact numbers for health and social care professionals involved in the person's care.

People's care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. Support plans were in place and included leisure and occupation, nutrition and diet, emotional and psychological, communication, personal care, night support, mobility, health and wellbeing, financial, and relationships.

Support plans described what the person could do for themselves and what they required support with. For example, one person liked to have a bath and enjoyed the sensory feeling of the water. The person could bathe independently but staff were directed to remain close by in case the person needed them, and "observe discreetly" for the person's safety. The person had an appropriate risk assessment in place for personal care and bathing.

Daily records were maintained for each person who used the service. Records we saw were up to date and included information on the person's diet, personal care and activities.

We found the provider protected people from social isolation. People had individual support plans for "Leisure and occupation support." These described what was important to the person and what they required staff to support them with. For example, one person liked to have an activity schedule in place so that when they came downstairs in the morning they could see what daily activities had been written on their whiteboard. Staff were to make sure the white board was completed before the person got up in the morning. The person also liked to go to a local social club and we saw they were going there on the evening of our inspection visit. Another person had joined a local gym and enjoyed going on the exercise bikes and in the swimming pool.

People had weekly activity records, which detailed what activities the person had taken part in on each day of the week. For one person this included a bus trip, relaxing at home, weekly shopping, drawing, watching DVDs and playing games. 'Learning logs' recorded any new activity, what worked well and what did not work well so it could be used for planning activities in the future.

The provider had an effective complaints policy and procedure in place and an easy to read version of the procedure was available on the home's notice board. The policy described the procedure for making a complaint and the length of time complainants would expect to wait for a response. We saw complaints had been appropriately recorded and investigated. Outcomes were recorded on the complaint form with any further action required.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring people's personal information could only be viewed by those who were authorised to look at records.

The service had a positive culture that was person centred, open and inclusive. Staff we spoke with felt supported by the management team and enjoyed working at the home. They told us, "I get a lot of job satisfaction", "It's a really well run house" and "If I have any problems, I just go and ask". Family members told us, "They have an open door. We have lots of little meetings", "If I have any concerns, I can just ring up" and "They tell me everything that's going on".

Staff were regularly consulted and kept up to date with information about the home and the provider. Staff meetings took place regularly. The most recent took place in March 2017 and agenda items included utility bills, computer use, paperwork, change in staffing, annual leave, menus, cleaning and any other business.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. At the previous inspection we found that documented evidence to confirm audits had taken place was not always available. At this inspection we saw the provider had a 'Quality governance policy and procedure' and a yearly planner was used to monitor quality and governance at the provider's services. The yearly planner included audits of care files, medicines, cleaning and environment, equipment, staff recruitment, training and supervision, complaints, safeguarding, accidents and incidents, and managers' monthly reports, as well as director/operational manager visits every three months.

We checked a sample of these audits to confirm they had taken place and were up to date. For example, care plan audits included whether the care file was in good order and well maintained, support plans and risk assessments were accurate and up to date, and support plans were person centred. The provider's operations manager carried out quarterly visits to the service and completed an audit, which included a review of care plans, finances, staffing and any other issues. Records we saw were up to date.

Monthly registered manager meetings took place with the provider's director and operations manager and quarterly meetings took place where team leaders were invited as well as the registered managers. For example, areas of best practice, issues, staffing, health and safety and any other business were discussed. The meetings were also used to plan events where people from all the provider's locations could come together for discos, parties and arts and crafts events.

The provider carried out an annual stakeholder survey that was sent to people who used the service, staff, families and health care professionals. We saw a copy of the analysis of the results from the most recent survey in 2016. The analysis covered all of the provider's locations and did not break any of the results down to individual locations. We saw the overall results were positive and any issues that had been identified were included in an action plan. For example, with regard to staffing the provider was going to look at the structure of the company to enhance the role of the support worker so that when any opportunities for promotion arose, skills had already started to be developed.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources.

The service had good links with the local community. People accessed the shops and leisure facilities in the local area and visited a local social club once per week to attend an event for people with disabilities. People also attended a local disco.