

Foxglove Care Limited

Foxglove Care Limited - 32 Rivelin Park

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

Foxglove Care Limited – 32 Rivelin Park is a small residential care home, in a residential area which is close to local shops and amenities. The service is registered to provide support to two younger adults who may be living with a physical disability, learning disability and/or autism. The service was supporting two people at the time of our inspection.

The service demonstrated the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were kept safe from avoidable harm and abuse and their medicines were administered appropriately. Staff were supported in their roles and had the relevant skills and training to meet people's needs.

People were happy with the care and support which was provided by a dedicated and consistent staff team. Staff were kind and had developed positive relationships with people. Staff provided appropriate support, ensured people accessed appropriate healthcare services and followed professional advice. People were supported to eat a healthy, balanced diet.

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 accessed a wide variety of meaningful activities and were supported to maintain their relationships with family and friends.

Quality assurance systems had maintained the quality and safety of the service and there was a positive supportive culture.

People's independence was promoted as staff encouraged choice, control and inclusion in the local community in line with the principles and values of Registering the Right Support and other best practice guidance. This enabled people who use the service to develop their skills and independence, achieve positive outcomes and live as full a life as possible.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at

www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 13 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Foxglove Care Limited - 32 Rivelin Park

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 Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

Foxglove Care Limited - 32 Rivelin Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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.

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 looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback

from the local authority safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with two people, two care staff and the registered manager. We looked at the cleanliness of the service and the facilities available for people. We observed how staff interacted with people and looked at a range of documentation including two people's care files and one person's medication records. We looked at a selection of documentation for the management and running of the service and two staff files.

After the inspection

We looked at training data which we were sent by the registered manager.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff continued to keep people safe from avoidable harm and abuse. Staff had the skills and knowledge to identify and raise concerns to appropriate professionals.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and wellbeing were appropriately managed. Staff were knowledgeable about how to manage the risks for each person. For example, one person had a daily fluid limit as too much fluid affected their health. Staff understood the safety measures and followed the care plan which contained appropriate guidance.
- The provider maintained the safety of the building and equipment through regular checks, servicing and maintenance.
- Accidents and incidents were monitored and used to help prevent reoccurrences.

Staffing and recruitment

- People were supported by a small group of consistent staff who knew them well.
- Since the last inspection no new staff had been employed. The provider had appropriate processes in place to support the safe recruitment of staff when needed.
- Staffing levels were appropriate to meet people's needs in a timely way. An 'on-call' system was in place if staff required extra support.

Using medicines safely

- People received their medicines as prescribed. Staff administered and stored people's medicines safely. Systems were in place to monitor and address any issues.
- Staff understood how people liked to take their medicines and when they needed them.
- Appropriate guidance was in place to guide staff in when to administer 'as and when required' medicines.

Preventing and controlling infection

- Staff were trained in infection prevention control and appropriately used disposable gloves and equipment to help prevent the spread of infections.
- The home was clean and tidy. Rotas confirmed the home was cleaned regularly.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Adapting service, design, decoration to meet people's needs

- People's needs were assessed and reviewed, and their preferences were considered when arranging and recording their care. Care plans supported staff to provide care in line with people's needs and personal routines.
- People's rooms were personalised and well maintained. People were supported to choose their favourite colours and wallpaper to decorate their rooms. People had also put up pictures and items which showed their interests.
- People had appropriate space to socialise or to spend time on their own. Each person had their own private bathroom and shared communal areas were spacious and homely.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to meet people's needs. Induction processes were in place to ensure new staff had the relevant skills and experience to carry out their duties. Staff completed regular training to ensure they were able to meet people's needs.
- Staff were supported in their roles. The management team provided staff with regular support informally and through supervisions and team meetings.

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

- People's dietary needs were met. Staff supported people to maintain a healthy, balanced diet and care plans contained appropriate details to guide staff.
- People were fully included in mealtime activities. People told us they chose their meals, went shopping for ingredients and helped to prepare them where possible to maintain their independence.

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

- People's healthcare needs continued to be met in a timely way. People were supported to access healthcare services and attend their yearly health reviews. Staff effectively followed professional advice which was recorded in people's care plans.
- Staff were knowledgeable about people's needs. Handovers and communication books ensured staff were kept informed of any changes to people's needs. A staff member said, "We all do everything the same. Once there's a plan in place, we all work the same."

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought people's consent and they were encouraged to make their own decisions.
- Where people lack capacity, decisions were made in their best interests with the involvement of their relatives and relevant professionals and records were in place.
- Staff recognised restrictions on people's liberty and made appropriate applications to deprive people of their liberty. Systems were in place to monitor these once authorised.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People liked and got on well with staff. One person said, "I like [Staff member's name], they are nice. I always talk to them about their dog and their children." Staff were attentive, respectful and engaged people in conversations and activities.
- Staff had developed positive relationships with people. People were happy, relaxed and shared jokes with staff.
- Staff respected people as individuals and were trained in equality and diversity.

Respecting and promoting people's privacy, dignity and independence

- People were supported to develop and maintain their independence through responsibilities such as helping with cooking and cleaning tasks and, looking after their cats.
- People's privacy and dignity was maintained. Staff understood the importance of maintaining people's privacy and dignity and care plans contained appropriate information and guidance.
- People's personal information was stored securely.

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

- People were offered choices and supported with their preferred routines. Staff were knowledgeable about people's routines and provided appropriate support when their routines changed.
- People were supported by their families with making decisions and could access independent advocacy support to help make decisions if needed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People and their families were included in developing detailed care plans that guided staff to support person-centred care.
- People were supported to follow their own routines. Staff were knowledgeable about people's needs and preferences. One person was supported with their hair and make up as documented in their care plan.
- People had choice and control of their care. People were supported to spend their time as they wished, and staff ensured people were offered choices and respected their decisions.

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

- People were supported to take part in activities they enjoyed, which helped them to lead fulfilling lives. Social activities were tailored to people's interests and included going to the gym, the pub, discos, shopping and games. People went on holiday with appropriate support and one person had volunteered for a charity in the local community.
- People were supported to maintain their relationships. Staff supported people to visit their families and friends and visitors were welcome at any time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were documented in their care plans and information was given to people in a way they could understand.

Improving care quality in response to complaints or concerns

- No complaints had been received since the last inspection. Information was available for people to raise concerns or complaints and the registered manager understood the provider's complaints policy and procedure.

End of life care and support

- End of life care plans considered people's wishes and how to maintain their comfort and dignity. Assessments and care plans allowed for detailed, person-centred information to be recorded when people and their relatives were ready to discuss this.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 looked after and valued their staff. Staff were rewarded for their long service.
- Staff worked well as a team. A staff member said, "I absolutely love it here. I feel as though I'm part of a team and we all stick together."
- There was a kind, caring and supportive culture which extended to the provider's other services.

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

- Systems continued to be effectively operated and had maintained the quality and safety of the service.
- The registered manager understood the regulatory requirements and we discussed their processes for reporting information to ensure they continued to do this appropriately.
- Processes were in place to ensure their duty of candour was upheld if something went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, staff and professionals were included in the development of the service and provider as a whole. The provider sent out questionnaires to help identify how their services could be improved. The results were analysed and actions set, which were shared with all of the provider's services.
- Regular staff meetings were held to ensure staff were kept informed about people's needs and any changes to the service.

Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.