

Foxglove Care Limited

Foxglove Care Limited - 82 Willowdale

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 - 82 Willowdale is a residential care home. It provided personal care to 2 people at the time of the inspection. The service can support people with a learning disability or autistic spectrum disorder.

The service has been developed and designed in line with 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 the service and what we found.

People were safely supported and protected from harm. Safeguarding systems were followed and risk was well managed to keep people safe. Sufficient numbers of suitably recruited staff were employed. Staff managed medicines safely and followed good infection control and prevention practices to protect people from harm. Staff learnt lessons from previous events that may not have gone as well as expected.

People's needs were met, through effective assessment and reviewing of support. People were supported by suitably trained staff who knew about people's needs and diagnosed conditions. People led comfortable lives having their own designated spaces in a suitably designed premises. Staff worked well with other social and healthcare professionals, for the benefit of people they supported. 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's differences were understood and respected. Staff also respected one another. The provider promoted people's privacy and dignity and encouraged their independence. People's views on their care and support were listened to and they were supported by caring and compassionate staff. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Staff provided individualised support to people in a way that suited them best, and through following person-centred support plans. People's communication needs were assessed and well met using systems and good practice. Their concerns, and any raised by families, were satisfactorily responded to, addressed and managed. People were assured a good end of life experience when the time came.

The registered manager promoted a positive culture among the workforce. They and the staff team understood and acted on their duty of care responsibilities to be open and honest. Staff were clear about

their roles, monitored people's changing needs and sought to improve the care people received. They engaged and involved people in deciding what care they were given and how. Partnership working was well established with other organisations or agencies for the benefit of people that used the service. All of this meant people experienced a well-run service where their needs were met.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection.

At the last inspection the service was rated good (published 1 July 2017).

Why we inspected.

This was a planned inspection based on the previous rating.

Follow up.

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 - 82 Willowdale

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 carried out by one inspector.

Service and service type

Foxglove Care Limited - 82 Willowdale is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 the Care Quality Commission. 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

This inspection was unannounced.

What we did before the inspection

We contacted the local authority contracting and safeguarding teams to ask for their views of the service. We reviewed information we had received from the provider about people at the service since the last inspection, such as, restrictions placed on people, injuries, deaths and allegations of abuse. We also looked at information we already held about the service and what people had told us. We used all this information to plan our inspection. The provider was not asked to complete a provider information return prior to this

inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with one person about some of their experience of care. We observed people interacting with staff who supported people to tell us about living at 82 Willowdale. We spoke with the registered manager, a team leader and two support staff. We viewed a range of records. These included two people's care files, medication sheets, quality assurance, premises safety and staffing documents. We looked around the premises.

After the inspection

We continued to seek clarification from the provider to validate evidence we found. We looked at training data and information on staff and service users' surveys. We also spoke with relatives of the people that used 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 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

- People were protected from harm. Systems in place meant incidents were managed well. Relatives told us, "There is always someone with [Name]. Staff are reliable and there is no danger for [Name]" and "I have no concerns about [Name's] safety. They are protected from harm by the staff."
- Staff were trained in safeguarding people from abuse and knew how to handle incidents and refer them to the local authority safeguarding team.
- Notifications were sent to CQC of events and incidents the provider was legally required to send.

Assessing risk, safety monitoring and management

- The provider ensured risks to people were reduced through good staff practice and adherence to risk documentation. Staff followed risk assessments and advised people about their safety when preparing to go out.
- Risk assessments gave information on how to reduce risks to people in their daily lives and activities.

Staffing and recruitment

- Staffing and recruitment were safely managed.
- Staffing numbers were sufficiently maintained and rotas in place ensured the numbers of allocated hours were used to meet people's needs. Staff confirmed they were able to support people well. Relatives told us, "On the whole there are enough staff to look after people" and "There are always enough staff there when I visit."
- Recruitment records evidenced that staff were employed in line with the provider's policy and best practice expectations.

Using medicines safely

- The provider safely managed medicines. People received them according to prescribed instructions. Staff were trained to administer them and had their competency assessed.
- People's support plans contained guidance on how they preferred their medicines administered. Records accurately showed when they had taken medicines and who had supported them.

Preventing and controlling infection

- The provider managed the prevention and control of infection well.
- Support staff carried out the cleaning and cooking in the service. They were trained in infection control and prevention, basic food hygiene and followed good practice guidelines.

Learning lessons when things go wrong

- The registered manager and staff learned lessons from incidents, accidents and other events.

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 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

- People received effective care. Their needs were clearly assessed and documented. Staff used assessments to produce support plans, which guided them on the best ways to support people.
- People's relatives gave positive feedback about the effective support their family members received. They told us, "I always have discussions with staff about [Name's] needs" and "The staff always ring me if there are any problems."
- People's rights were respected. Their diverse needs were suitably supported so people were not discriminated against in any way. Staff monitored people's needs and supported them to experience their rights as citizens in the community.

Staff support: induction, training, skills and experience

- People were supported by staff with experience and knowledge who successfully carried out their roles. The provider enabled staff to gain the skills required. A relative felt there could be more staff who had passed their driving test, to help when people wanted to go out in their vehicles, but otherwise they were suitably trained.
- Staff completed induction to their roles and appropriate training. They received supervision and annual checks of their performance. Staff support systems were monitored, reviewed and updated.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with food planning and preparation. Staff told us that people's dietary requirements were sometimes a challenge to maintain, as people knew what they liked but the choices they made were not always healthy ones. Relatives told us, "[Name] could do to lose a bit of weight, as they are putting it on" and "[Name] gets plenty of exercise, as though they eat well, they walk miles."
- People were supported to access the services of healthcare professionals when required. Staff maintained good working relationships with other professionals for the benefit of the people they supported.

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

- The property to the north of the City of Hull, blended in with the surrounding area and had no visible features to identify it as a care home. Relatives felt the property was suitable for people's needs.
- Private space was personalised and comfortable. Decoration was suitable to meet people's needs. People tended to have their own seating and space within the lounge/dining room.

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.

- People's rights were protected. The registered manager had submitted applications under the MCA and DoLS to the supervisory body for authorisation.
- Staff were trained in MCA principles, ensured people were involved in decisions about their care and knew what was needed when decisions had to be made in people's best interests.

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 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

- Staff were caring and understanding. People had good relationships with staff. Relatives told us, "[Name] has a good rapport with the staff" and "[Name] is well liked. They get on well with staff."
- Staff were calm but offered appropriate guidance and support. Staff knew about people's preferences, so they could support them in a way they liked. Staff told us, "Most of us have supported the people here for several years now, so we know about their needs" and "We have learned to understand people's routines, so they can stay involved and be free from anxiety."
- People's diverse needs around disability were understood and staff supported them to achieve their aims and goals. People had good physical mobility and enjoyed a range of pastimes and activities in the community. Any preferences and choices they made were fully respected.

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

- People were supported to express themselves and staff took the time to listen. People made daily decisions about their care with staff guidance. They had structured plans in place that helped them maintain their routines and so lessen anxiety and help with diagnosed conditions.
- Staff worked with people and their families to find out how they liked and preferred to be supported. A relative felt their family member could be up earlier, but information received showed their routine was to support their health needs. Details were recorded and regularly reviewed in people's care files.
- People were supported to develop and maintain relationships if this was their choice. People regularly accessed their local community to maintain routine. They used local transport or their own Motability vehicles.

Respecting and promoting people's privacy, dignity and independence

- People were respected as individuals with diverse needs, around disability, gender, age, sexual orientation and beliefs. Relatives told us, "[Name] is encouraged to go out and do things such as prepare their food" and "[Name] is always encouraged to be active and independent. They know what they want and let staff know too."
- Staff sought people's consent when supporting and guiding them with personal care and so respected their privacy and dignity. A relative told us, "Sometimes [Name] can be difficult to support with hygiene, but staff usually get there." People were given time and space to themselves when they needed it.
- Staff discreetly managed people's private and confidential information.
- People were encouraged to be independent, for example, with personal hygiene and care, visits to doctors, dentists and anything regarding their rights as citizens. They accessed the local community and

chose their lifestyles.

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 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; 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 provider responded to people's needs and met them.
- People and their families were involved in compiling person-centred care and support plans, which staff used to meet people's needs. These plans were regularly monitored and reviewed. Relatives told us, "[Name] is treated as an individual and we family are always involved in their care" and "Staff communicate well with me, so I know what is happening. [Name] knows what they like though and usually makes it well known."
- People were supported to be included in the community, establish relationships and avoid isolation. Relatives confirmed they were able to visit any time and also had their family member stay over with them.
- People were supported to find areas of interest and take part in activities or occupation of their choice and preference. A relative told us, [Name] goes to play pool, football and bowling."
- Activities were organised to suit people's individual interest and capabilities. Staff encouraged people to be motivated and sometimes helped them look for new pastimes. People mostly engaged in walks out, bus or car rides, shopping, living skills, music and television or videos. People went out every day, no matter the weather.

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.

- The provider responded well to people's communication needs.
- People's needs were appropriately assessed and met, and strategies used to provide them with the information in a format they understood. For example, one person with visual and hearing impairment recognised arm signals from staff and made their needs known by just doing what they needed to. Everyone understood each other well.
- Communication passports informed staff and healthcare professionals about people's needs should they go into hospital or attend appointments in the community.

Improving care quality in response to complaints or concerns

- The provider listened, responded to and addressed complaints. Staff told us about examples of where complaints had been addressed in the past. None had been made recently. Relatives told us of past issues they had raised and said things were very good at the moment.

- People had a pictorial complaint procedure to follow to make formal complaints and staff assisted them where necessary. Family members and others involved in people's support needs had written instructions on how to complain and tended to represent people in this area.

End of life care and support

- Support to people with end of life care was available.
- People or their relatives could make choices about the end of life care they wanted. One person's family had supported them to decide on this and had made all the arrangements, recorded the details and paid for funeral costs in advance.
- People were assured their end of life care would be as comfortable and peaceful as possible, when it was needed. Appropriate professional support would also be sourced when necessary.

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 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

- A friendly, homely, caring and positive culture was promoted and people experienced good outcomes because of this. People were guided to maintain lifestyles of their choosing and were supported in a person-centred way.
- People needs were met regardless of age, disability, gender, sexual orientation and beliefs. Staff demonstrated a positive outlook in the roles they performed and the support they gave to people.
- Staff told us they looked for ways to improve people's quality of life, while supporting and encouraging them as individuals. Each person had their own routines and preferences, which were always taken into consideration.

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 provider fully understood their responsibility to be honest about the service provided to people. The registered manager and staff understood about accountability, being open to scrutiny and making apologies when things go wrong.
- Relatives told us, "The management is great in my view. I am always being sent a satisfaction survey and can make my views known" and "The staff are amazing. Sometimes their ideas are overridden, but generally the service is well run."

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

- The service was well-led. A staffing structure was in place and staff were clear about their roles. They endeavoured to provide a quality service, manage risk, learn from shortfalls and improve the service.
- The registered manager completed regular quality checks and audits. These led to monthly action plans being devised to address the shortfalls identified. Records showed when action was completed. Meetings were held and used as a forum to share practice and knowledge. All information gathered on the quality of the service was analysed and used to plan future improvements.
- The registered manager met the regulatory requirements of their registration for informing CQC of significant events that happened in the service.

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

- The provider fully involved people. Partnership working was effective.
- Links with the local community were established for the benefit of people that used the service.
- Information gleaned in satisfaction surveys, issued to people, relatives and staff, was analysed to determine shortfalls and areas for improvement. Action plans then addressed the areas for development. The latest survey showed consistently positive comments to questions and a high level of satisfaction with the service.
- Effective staff working relationships with other organisations and professionals ensured people received the right support.