Foxglove Care Limited

# Foxglove Care Limited - 3 The Causeway

**Inspection report**

3 The Causeway
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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires improvement |
| Is the service safe? | Requires improvement |
| Is the service effective? | Requires improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires improvement |

## Overall summary

3 The Causeway is a three storey house situated in a residential setting close to local facilities including a shopping complex, restaurants, a cinema and a bowling alley. The home's ground floor comprises a kitchen dining room and a separate laundry area. The first floor has one bedroom, a lounge and an office, the third floor has two bedrooms with en-suite facilities. At the time of the inspection there were three people living in the home.

This inspection was unannounced; it took place on 13, 20 and 27 February 2015. At the last inspection on 19 November 2013, the registered provider was compliant with all the regulations we assessed.

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

# Summary of findings

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.

People were not always protected from abuse and avoidable harm. Incidents of violent and aggressive behaviour were not always reported to the Care Quality Commission or the local authority safeguarding team as required. Investigations were not always completed; care and support plans were not updated to prevent future incidents taking place. We found that [the registered person had not protected people against the risk of abuse and avoidable harm. This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A quality monitoring system was in place that consisted of audits, checks, monthly assessments and stakeholder surveys. We saw that when shortfalls were noted; action was taken to improve the service as required. However, the system required developing to ensure all shortfalls in care, treatment and support were highlighted as incidents of violent and aggressive behaviour that took place within the service were not always addressed or managed.

A formal supervision process was not in place which led to staff not receiving supervision and support as required. When we asked staff if they felt supported we received mixed responses.

The people who lived at the home had complex needs which meant they could not tell us their experiences. We used a number of different methods to help us understand the experiences of the people who used the service including the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

People had their health and social care needs assessed, support plans were developed which stated how staff should provide care and support using the least restrictive options. People were treated with dignity and respect throughout the inspection.

We saw that staff gave encouragement to people who lived at the home and supported them to make choices about their daily lives.

Staff were aware of people's preferences for how care and support was to be delivered. We observed staff gaining people's consent from non-verbal cues before support was provided. We witnessed staff giving encouragement to people and supporting them to make choices about aspects of their daily lives.

Staff did not always have the skills to communicate effectively. Although staff understood people's non-verbal communication; what people were trying to convey with sounds and actions was not recorded accurately in a communication support plan.

People were supported to maintain a healthy balanced diet. When required, relevant professionals had been contacted for their support and guidance in this area.

Medicines were ordered, stored, administered or disposed of safely. Personalised support plans had been developed to ensure people received the medicines in line with their preferences and needs.

People were supported by suitable numbers of adequately trained staff who had been recruited safely. We saw evidence to confirm staff had completed a range of training deemed as mandatory by the registered provider.

Staff followed the principles of the Mental Capacity Act 2005 when people lacked capacity to make informed decisions. We saw evidence that best interest meetings were held accordingly. We found the home was meeting the requirements of the deprivation of Liberties safeguards (DoLS). These safeguards provide a legal framework to ensure that people are only deprived of their liberty when there is no other way to care for them or safely provide treatment.

People were supported by staff to undertake a range of social activities in the home and the local community.

# Summary of findings

## 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 not always safe. People were not protected from abuse and avoidable harm.

Staffing levels deployed to meet people's assessed needs and recruitment processes ensured staff had not been deemed unsuitable to work with vulnerable people.

People received their medicines as prescribed.

**Requires improvement**

**Is the service effective?**
The service was not always effective. Staff did not always have the skills to communicate with people effectively and did not receive on-going support and guidance.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met. When people were unable to make informed decisions themselves capacity assessments and best interest meetings had been held appropriately.

People were supported to have sufficient to eat and drink.

**Requires improvement**

**Is the service caring?**
The service was caring. People were supported by staff who knew their individual needs and their preferences for how care and support was to be delivered.

People were supported to make decisions in their daily lives and were treated with dignity and respect by staff.

**Good**

**Is the service responsive?**
The service was responsive. People were supported to participate in a range of activities.

People were encouraged to maintain relationships with important people in their lives.

The registered provider had a complaints policy in place; documentation on how to complain was available in an easy read format. This helped to ensure the documents were more accessible to people who used the service.

**Good**

**Is the service well-led?**
The service was not always well led. A quality monitoring system was in place but required improvement to ensure incidents within the service were highlighted and appropriate action was taken.

**Requires improvement**

# Summary of findings

| | |
|---|---|
| The registered manager was a visible presence in the service. Staff and relatives we spoke with told us the manager was approachable. | |

# Foxglove Care Limited - 3 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 registered 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 was unannounced; it took place on 13, 20 and 27 February 2015.

Before the inspection took place we contacted the local authority commissioning and safeguarding teams for information about the registered service. They told us they had no concerns.

During the inspection we observed how staff interacted with people who used the service, we used the Short Observational Framework for Inspection (SOFI) and to evaluate the level of care and support people received. We spoke with two people's relatives. We also spoke with the registered manager, the registered provider, a team leader and three support workers. After the inspection we spoke with a specialist nurse who worked with the service.

We looked at three people's care and support plans and their Medication Administration Records (MARs). We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were deprived of their liberty or assessed as lacking capacity to make informed decisions, actions were taken in line with the legislation.

We reviewed a selection of documentation relating to the management and running of the service; including, the training matrix, staff rotas, meeting minutes, maintenance records, recruitment information and quality assurance audits.

Requires improvement

# Is the service safe?

## Our findings

A relative we spoke with told us their family member was safe living at the service. They said, "(Name) is very safe here, absolutely." Another relative said, "(Name) is safe there (in the service) all the staff know what help he needs and make sure he gets it." However, we found evidence that incidents that occurred within the service were not always investigated appropriately or reported to the Care Quality Commission (CQC) and the local authority safeguarding team as required. This meant that people had been put at risk of harm or abuse and the registered provider had not taking appropriate action.

Staff had undertaken training in relation safeguarding vulnerable adults and behaviour that challenged the service and others. During conversations staff described the different types of abuse and what action they would take if they suspected it had occurred. One member of staff told us, "We know that we can't leave (Name) and (Name) alone together in case something happens" and "We have to record any incidents and make the manager or team leader aware." Another member of staff said, "(Name) can be aggressive but we know to use distraction techniques and re-direct him."

People who used the service were not always protected from bullying and avoidable harm. We checked the service's accident and incident records and saw that incidents of violent and aggressive behaviour had been recorded but no action had been taken to prevent future re-occurrence. The incidents were not investigated and therefore lessons had not been learnt and preventative action had not been taken which contributed to future incidents taking place.

We saw behaviour management plans had been developed by the registered provider that included guidance for staff in relation to a range of specific situations. Risk assessments were in place for 'hitting other service users'. We saw these had not been reviewed or updated after three incidents of violent and aggressive behaviour had taken place. During the inspection the registered manager was told by a member of the local authority commissioning team they needed to report these incidents to the local authority safeguarding team without delay. The registered manager told us, "We use the safeguarding team's risk matrix and discuss any concerns with them" and went on to say, "When incidents occur behaviour management plans and risk assessments should be reviewed and updated; I cannot have been informed about these incidents." This was a breach of Regulation 13 of The Fundamental Standards; The 2014 Regulations. The action we have asked the registered provider to take can be found at the back of this report.

People were supported to take positive risks in their lives and restrictions placed upon their freedom were minimised. One person who used the service regularly attended rugby matches at a local stadium. A member of staff explained, "It can be difficult because (Name) gets carried away sometimes and can be abusive towards other people but he loves it so we don't want to stop him going. If his behaviours escalate we bring him home" and went on to say, "We have never had to restrain anyone." The registered manager told us, "Each situation is assessed and we look at how we can support people without restricting them, it's about enabling people to do what they want to do." Assessments had been developed to reduce the potential of risks occurring and included guidance for staff in relation to keeping the person and others safe.

Contingency plans were in place to respond to foreseeable emergencies including, flooding, extreme weather conditions and staff shortages. Having plans in place helped to provide assurance that people would remain safe during and after an emergency situation. The registered manager told us, "This area (the locality of the service) has flooded before so we have plans in place in case it happens again and staff can't get to the home."

We saw evidence to confirm appropriate recruitment checks had been completed before staff commenced working within the service. We checked four staff recruitment records and saw that before a role within the service was offered relevant checks were completed. These included exploring gaps in employment history, satisfactory references being returned to the service and a disclosure and barring service (DBS) check. A visiting relative told us, "I was offered the opportunity to be part of the interview panel for new staff to make sure I thought they were suitable to support (Name)."

Appropriate numbers of suitably trained staff were deployed to meet the assessed needs of the people who used the service. One to one support was in place for all three of the people who used the service. The registered manager explained, "They all have one to one funding but not 24 hours so we have shift patterns and a waking night

Requires improvement

# Is the service safe?

worker and a sleeper." A member of staff we spoke with told us, "We used to work 12 hour shifts but there were lots of issues with recording after medication was given so we now we do split shifts."

The registered provider had a medication policy in place that included information in relation to controlled drugs, covert administration, errors and non-compliance. Medication support plans had been developed for each person who used the service. Each plan contained specific information in relation to people's routines and preferred method of administration.

Medication was ordered, stored, administered and destroyed safely. We saw that a medicines cabinet was in a locked office and there were specific arrangements for the storage of controlled drugs. We saw that when medication was administered staff took the time to explain what the medication was and what it was for; they gave people sufficient time to take their medication and did not rush people.

Requires improvement

# Is the service effective?

## Our findings

Relatives we spoke with told us they thought staff were well trained and had the skills and abilities to meet their family member's needs. They said, "I think the staff are wonderful", "They are so good with (Name) they are all very talented and very dedicated ", "The staff are the reason he is so settled, they do a great job with him" and "The team leader seems to be able to solve any problems that come up."

Staff did not receive consistent support and guidance. There was not a formal process in place to enable staff to receive supervision and support with their line manager. When we asked staff if they felt supported their responses were mixed. One member of staff told us they did not feel supported. They said, "We don't get to sit down with the manager or have a real one to one meeting" and "It gets frustrating because I think we do a good job but we could do more if we had the training and support we need." Another member of staff told us they had access to the registered manager and team leader; they told us, "I don't really have meetings but I can ask them questions anytime, I see them most days." Failing to provide staff with adequate support and guidance in a one to one format could lead to opportunities for their development being missed.

Staff did not always have sufficient information in relation to people's preferred methods of communication in order to effectively meet their individual needs. One person's communication care plan described certain actions the person displayed such as rocking back and forth or hopping up and down. However, there was no information informing staff what the action meant or what the person was trying to convey. A member of staff told us, "Over time you start to understand what they (the people who used the service) mean but it was all in a care plan would be better." Another member of staff said, "You can judge by his reactions if he wants to do something or not. If you get his coat out he will get excited and start to hop or bounce so you know he wants to go out; he loves the car" and "We do understand his ways of communication." We were also told, "We have tried lots of things with (Name); objects of reference training and picture boards but they haven't worked." We saw evidence to confirm that registered provider had recently contacted an occupational therapist for their support and guidance in relation to this.

The registered provider's training matrix stated the training staff had undertaken which included amongst others health and safety, medication, fire, epilepsy, autism, first aid, The Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS), behaviours that challenged the service and others and an accredited non abusive physical intervention training. The registered provider told us, "All staff receive appropriate training to equip them to meet the assessed needs of the service users accommodated in this care service, as defined in their individual plan of care."

People were supported to maintain their health and had access to a range of health and social care professionals. G.Ps, dentists, SaLT, bowel and bladder nurse, occupational therapists, social workers, mental health community nurses and specialist nurses were involved in the holistic care and treatment of people who used the service.

People were supported to have sufficient to eat and drink. The team leader told us, "They (the people who used the service) choose what they want to eat and we prepare it for them but we encourage healthy options." A member of staff explained, "Some things are a bit of trial and error with (Name). He will push his food away if he wants something different or start to show certain behaviours if he wants to eat upstairs" and "He usually likes to eat by himself but at other times he is happy with others being around him so we have to look at how he is acting." A specialist nurse told us, "They (the service) have had guidance from all of the appropriate professionals, dieticians, the speech and language therapy team; everyone. They have done a fantastic job to get his weight to where it is."

When people were deemed to lack capacity; decisions made on their behalf were carried out following the principles of the Mental Capacity Act (2005). Best interest meetings were held that where attended by relevant healthcare professionals and people's relative's or appointed persons. Throughout the inspection we observed staff encouraging people to make decisions in their daily lives including if they wanted to partake in activities, where they wanted to spend their time, what food and drinks they wanted and what clothes to wear.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager was aware of their responsibilities in relation to DoLS and had

Requires improvement

# Is the service effective?

recently made successful applications which had been granted by the local authority to ensure the people who used the service were only deprived of their liberty lawfully. Care plans had been written following the principles of the Mental Capacity Act and ensured people were supported in the least restrictive way.

People were, when possible involved in decisions about their environment. People's rooms were decorated to their personal tastes and included items to ensure they were homely and people were comfortable in their surroundings. The rear garden was well maintained and included seating areas for people to use when they were inclined to do so.

Good

# Is the service caring?

## Our findings

Relatives we spoke with said the staff had a caring approach and they felt their family member was happy living in the service. They told us, "He has been in different services through the years and I can tell he is happy here; he is smiling all the time and relaxed with everyone" and "The staff treat him really well, he trusts them; you can see that in his behaviour." A specialist nurse said, "The care they (the people who used the service) get is amazing, they have all had a lot of difficulties in their lives and the service has really turned things around for them. I'm very happy with the care they receive."

A visiting relative told us there were no restrictions on when or how often they could visit their family member. They said, "I take (Name) home for a few hours most weeks; I always let them know when I am coming and there has never been any issues."

People were treated with dignity and respect during our inspection. During discussions with staff they told us how they would treat people with respect and maintain their dignity. Comments included, "I treat everyone as an individual", "I always knock on people's doors, I don't just barge in" and "I give people the time they need to respond to questions and knew situations."

During the inspection we used the SOFI (Short Observational Framework for Inspection) tool. SOFI allows us to spend time observing what is happening in a service and helps us to record how people spend their time, the type of support they received and if they had positive experiences. We spent time in a communal lounge and noted staff interacted well with people in a relaxed and supportive manner. It was evident that positive relationships had been built and staff were aware of people's interests and personal needs.

Staff spoke to people in a polite, friendly way and actively listened to people's responses. When people could not communicate verbally staff observed people's facial expressions and body language to ascertain their thoughts and feelings. During discussions staff were able to describe what facial expressions, body language and gestures people used to indicate their preferences, choices and mood. This showed us staff had developed a good understanding of people who used the service and knew how to interact and communicate with people to ensure their needs were consistently met. A member of staff told us, "I have worked with the guys (the people who used the service) for a long time and I know what their reactions mean. If you are perceptive it's easy really."

People were supported to be as independent as possible. We saw people were encouraged to makes choices in their daily lives and staff respected people's wishes. A member of staff told us, "(Name) always likes to look smart, he chooses what he wants to wear every day." The team leader said, "(Name) and (Name) show us their choices by how they react to the situation."

We witnessed one person walking around the home and in and out of rooms; they appeared to be distressed and unsettled. A member of staff spoke with them in a calm and reassuring way and used diversionary interventions which visibly calmed the person. It was clear that the member of staff knew what action to take and the person was reassured by their interaction.

Independent Mental Capacity Advocate (IMCA) information was displayed on the notice board in the main entrance to the home. The registered manager told us, "I worked here for over two years now and we have been really lucky in that time; we have always had lots of family involvement so had never needed to use an advocacy service."

Good

# Is the service responsive?

## Our findings

Relatives we spoke with told us they thought the service was responsive to their family member's needs. They told us, "I get invited to his reviews and if there are ever any changes they (the service) inform me", "He gets to do lots of activities; his favourite things are still watching musicals and having a drink in the pub" and "(Name) loves the rugby he always did, I think it's great that they take him, I know it can be difficult but they haven't ever thought it's too much hassle."

We saw evidence to confirm people and those acting on their behalf were involved in their initial assessment and on-going reviews. The registered manager explained, "We hold reviews every six months but obviously if one is needed sooner we do that" and "Every other meeting is attended by health professionals and family members attend every meeting."

Support plans had been developed for numerous aspects of people's lives including mobility, health, morning and night routines, behaviours that challenge the service and others, medication and emotional and psychological needs. Risk assessments were in place to minimise the risks encountered by people in their daily lives which were written in conjunction with the support plans.

The registered manager told us, "We will update risk assessments and support plans if there has been any changes (in people's lives) and review them regularly to make sure they are accurate."

A monthly evaluation was completed for each person who used the service. The evaluation was split into sections titled; 'what's working', 'what's not working' and 'action to take'. This covered amongst other things; personal care, behaviours, finances, leisure and occupation, relationships and health. A team leader told, "The monthly evaluations are really good, you can see what's happened each month and what changes we need to make in the way we support people." However, we saw that although incidents that challenged the service and others had been recorded we did not see that these had been analysed, that a de-brief taken place and action taken to prevent their re-occurrence.

People who used the service were encouraged to follow their hobbies and personal interests. People were supported to attend sporting events, the local swimming baths, discos and events organised by the registered provider. We saw that a 'learning log' was used by staff to record if people enjoyed new activities and if the member of staff recommended it was attended regularly. A member of staff told us, "We recently went swimming; there was lots of organising to be done because we needed to get special flotation belts for the guys but they loved it; it's definitely something we will be doing more of."

People were supported to see their family members and other important people in their lives. A member of staff explained, "We can't tell (Name) that Mum is coming later in the week because he just gets too excited then can display certain behaviours; so we just let him know when she is arriving. He loves to see her and gets really excited."

People received care in a person centred way that met their personal needs. One person had a set activity planner and structured routines. A specialist nurse told us, "(Name) needs routines it makes him feel safe and less anxious." Another person was free to choose what they wanted to do each day. A team leader explained, "We can't have set activities for (Name) it just would not work, he decides what he wants to do and when he wants to do it."

The registered provider had a complaints policy in place that was displayed within the home. The policy was available in an easy read format to help the people who used the service to understand its contents. We saw that very few complaints had been received by the service. The registered manger told us, "We have not received any formal complaints." A team leader said, "If we did get a complaint we would respond to it and make sure we learnt and improved the way we work."

Requires improvement

# Is the service well-led?

## Our findings

Relatives we spoke with told us they knew the registered manager and team leader of the service. They said, "I am on first names terms with the manager; I often see her or the team leader when I visit", "I see the manager at reviews", "I could speak to her (the registered manager) at any time if I needed to."

The registered manager was aware of their responsibilities to report accidents, incidents and other notifiable events that occurred within the home. The Care Quality Commission had received notifications about specific incidents including when applications to deprive people of their liberty have been granted. However, we noted that not all incidents of aggressive behaviour had been reported as required. The registered manager told us, "I know they should have been reported" and "I cannot have been informed about these incidents." This meant that after incidents had taken place; people's care plans and risk assessments had not been assessed, reviewed or updated and people may have been placed at risk of incidents re-occurring.

A quality assurance system was in place at the service but improvements were required to ensure its effectiveness. The registered manager explained issues with the quality assurance system were being addressed and new audits and paper work were being implemented to ensure the robustness of the system was improved.

**We recommend that the service seeks guidance from a reputable source in relation to effective recording of quality monitoring systems.**

Audits of medication, health and safety, laundry and care plans were completed periodically. We saw water temperatures were recorded to ensure they did not exceed set temperatures. Fire alarm tests and evacuation procedures were undertaken regularly; equipment assessments and Portable Appliance Testing (PAT) were completed annually as required.

We spoke with the registered manager and members of staff about the culture of the organisation. They told us, "My management style is firm but fair and I think the staff know they can come to me with any concerns they have at any time", "We have to work together because of the type of service we are", "We are one big family" and "We are always learning; we share information and talk about what went well and what didn't go well every day in the handovers." The registered provider told us staff were encouraged to question anything they were unhappy with and challenge episodes of poor care. This provided assurance that staff could raise concerns without fear of reprieve.

People, their relatives and staff we actively involved in developing the service. Stakeholder surveys were sent out on a yearly basis and the feedback received was used to improve the service when required. We saw that staff had supported people who used the service to complete the surveys which had been produced in an easy read format to aid their understanding. A relative we spoke with confirmed they had completed the survey and action had been taken to improve the effectiveness of laundry system.

The registered provider told us they were aware of the key challenges faced by the service in relation to recent changes in legislation. They said, "There has been lots of changes including the deprivation of liberty safeguards and we have had meetings with our commissioners to develop our service model and will ensure we continue to deliver a very high level of care and support." The registered manager told us, "I have discussions with the staff about their duty of care, what they are accountable for and hat their responsibilities are."

The registered manager told us they utilised the National Institute for health and Care Excellence (NICE), the Fundamental Standards and the No Secrets guidance to ensure a high level of care was provided by the service in line with best practice.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>How the regulation was not being met: People who used the service were not protected from abuse and avoidable harm. |