

Foresight Residential Limited

# Foresight Residential Limited - 66 Leeds Road

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

Foresight Residential Limited 66 Leeds Road is a care home for ten adults with a learning disability and / or autistic spectrum disorder who also have sensory impairment. There were ten people living at the service when we visited.

We inspected on 7 June 2017 and the visit was unannounced, which meant the provider did not know we would be visiting.

At the last inspection in January 2015, the service was rated Good. At this inspection we found the service remained good.

Quality assurance checks in place were basic and did not include oversight from the provider. We have made a recommendation that the provider review their approach to quality assurance to include quality checks by them or their representative to ensure quality and safety of the service.

Staff worked within the principles of the Mental Capacity Act in every aspect of their work with people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Records relating to consent or decisions made in people's best interests required development.

Staff had a good understanding of safeguarding and were aware of types of abuse and how to report incidents. They knew the people they supported well which resulted in people feeling safe and behaving in a confident way around staff.

There were robust recruitment processes in place to assist the manager in making safe decisions about who they employed. Staff received appropriate training. They were supported well through regular supervision and appraisal.

People's medicines were managed safely. Risks to people's health and safety had been identified and risk assessments were in place to guide staff. Regular servicing of equipment and checks of services such as gas, electric and water took place.

People told us they enjoyed good food and were supported to eat a healthy balanced diet. Where needed people's nutrition was monitored by staff. People had good access to healthcare professionals to support all of their health needs.

The environment supported people's needs and their personal space reflected their preferences and personalities. We saw that people mattered to staff and staff respected their privacy and dignity. People's preferences were taken account of when planning their care and they could choose how that care was delivered.

Although care plans would benefit from being updated people's needs were assessed and care plans reflected people's preferences regarding their care and how they liked to spend their time. People had activities they took part in that were individual to them. Where they had friends or family they were supported to maintain those relationships in a meaningful way.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remained good.

### Is the service effective?

Good ●

The service remained effective.

### Is the service caring?

Good ●

The service remained good.

### Is the service responsive?

Good ●

The service remained responsive.

### Is the service well-led?

Requires Improvement ●

The service is not consistently well led.

Quality assurance checks in place were basic and did not include oversight from the provider. A recommendation has been made that the provider review their approach to quality assurance.

A registered manager was in post, staff told us they were approachable and that they felt supported in their role.

People were regularly asked for their views and their suggestions were acted upon.

# Foresight Residential Limited - 66 Leeds Road

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 7 June 2017 and was unannounced. The inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we checked all the information we held about the service including notifications which the provider had sent us. Statutory notifications tell us about specific events which occur at the service and about which the provider is legally required to inform us. We asked for feedback from the local authority who commissioned the service. Before the inspection, the provider completed a Provider information return (PIR). A PIR is a form which 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 help us plan the inspection.

We spoke with five people who used the service and two of their relatives. We looked around the building and we spoke with the manager and three members of staff. We also spoke with a visiting healthcare professional.

We looked at two people's care records. These included risk assessments and medicine records. We also inspected three staff recruitment and training records, servicing and maintenance documents for equipment and the environment and quality assurance systems.

On this inspection the expert by experience was asked to use a tool to help people with a learning disability

to understand the role of the Care Quality Commission (CQC) and what feedback we would like about the care they received. People who used the service told us they consented to trialling this process with us.

# Is the service safe?

## Our findings

People who used the service and their relatives told us they felt happy and safe. For example, one person told us, "Leeds Road is easily the best of all the homes I have lived in". One relative said, "I feel my family member is safe and listened to at Foresight (Leeds Road)." Another relative told us, "My relative has lived at the home for years. I know they are safe there."

Records showed that the premises were well maintained and appropriate checks were made on equipment and the building, such as gas, electrical safety, the fire alarm and equipment. A refurbishment plan was underway when we visited.

Records confirmed the arrangements in place for fire safety were well managed. They included the home's a fire risk assessment, fire alarm system checks and fire drill records. Personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide information to ensure an individual's safe evacuation from the premises in the event of an emergency.

We looked at how the provider managed risk and prevented people being harmed. Each person had risk assessments around their needs in their care plan. We discussed with the manager how they could streamline risk assessments to reduce the volume and aid staff navigating the care plan more easily. The manager explained a new care plan tool was due to be implemented which would ensure this happened.

Staff were recruited safely and people were protected from unsuitable staff. Records included written references and a Disclosure and Barring Service (DBS) check. This included a police check and assurance that the potential candidate had not been excluded from working with adults at risk.

Agency staff were used when additional staff cover was needed. The manager received confirmation from the agency of the workers suitability for the role. This did not include any detail of a satisfactory DBS check or dates of recent training. The manager told us they would seek such information when agency staff were next used.

We found that people's needs were met by safe staffing levels. One relative we spoke to said, "There seems to me to be enough staff."

The manager showed us how they used a staffing assessment tool which determined the number of staff needed to keep people safe, based on occupancy levels and dependency. The tool used was outdated and we discussed this with the manager. We found no impact on the people who used the service because of this and the manager told us they would seek to use a more up to date resource in future. The manager explained they were flexible with staffing and they were able to arrange additional staff if they thought it was necessary or to support people's activities.

Arrangements were in place to ensure the safe management, storage and administration of medicines. The manager told us staff who administered medicines had received training and their competency had been

checked. Records we saw confirmed this. We observed two members of staff safely administered medicines for people. Records to evidence safe administration were completed appropriately.

Accidents and incidents were recorded. These were reviewed by the manager to ensure that appropriate actions had been taken and to identify any trends to try to prevent incidents reoccurring.



# Is the service effective?

## Our findings

People told us they felt they received effective care from well trained, skilled and knowledgeable staff. One person told us, "Staff are on constant training for different things." Another person told us, "I have epilepsy, so when I have a bath, they [staff] are always there outside the door who are trained to help if I have a fit. They [staff] know what to do."

The manager provided us with a copy of the training matrix which set out the training staff had received. We saw training was mostly up to date. The manager told us they were developing the training to match a new policy the provider had just issued. Staff told us they enjoyed the training on offer and that when they asked for specific training this was sourced by the manager. For example, one staff told us they had asked for sign language training and this had been arranged. We saw staff had received supervision and appraisal. One staff told us "Supervision is frequent and supportive. It is a helpful tool."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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. One DoLS authorisation was in place at the time we visited.

We saw staff worked within the principles of the MCA and this meant people were empowered to make their own decisions and that staff ensured people had consented before they supported them. A member of staff told us, "We presume an individual has capacity to make their own decisions for themselves, we help to do this [make decisions]. If they are unable we make the decision in their best interests, in the least restrictive way and best for their wellbeing. Just because you don't agree [with a person's own decision] if they have capacity you can't stop it, you can only encourage people." We saw this was the way all staff worked throughout our visit. One person told us, "Staff ask my permission before supporting me." The manager told us they were developing the system in place to record consent and evidence best interest decisions where required.

People had access to the kitchen and were supported to cook and make their own drinks by staff. A cook was employed to make the main meal each day and they had a good knowledge of people's preferences and dietary requirements. We saw the menu was varied and included people's likes and dislikes. People told us they could eat anything that was available which was not on the menu if they didn't like the choice. One person told us, "I do plan, shop, cook and I am supported to use my microwave. I am semi-independent. The

food and snacks are good. You can have what you want."

We saw the manager had recently implemented the use of the malnutrition universal screening tool (MUST) which meant people had been weighed and their weight was being monitored. Healthy options were available for people to choose where they needed to manage their weight more closely.

People had access to a wide range of healthcare professionals where needed. Detailed person centred health plans and hospital passports were in place so that hospital staff would understand the care people required. A visiting professional told us, "Staff are really good at making sure treatment plans are followed, we have seen an improvement." They described how one person's mobility had improved because of this approach.

We saw the environment had been arranged to support people with sensory impairments. It was clutter free and had prompts to support people to locate their way around. For example, small discs on the staircase helped people with sight loss know which part of the staircase they were on. One person told us they still became disorientated at times and they were confident staff would support them if they asked. We observed people freely moving around the service confidently and independently.

# Is the service caring?

## Our findings

People told us they felt well cared for and that staff were kind towards them. One person told us, "Staff are caring. I have my own room and I do my own thing. I feel that the staff know me well and respect my privacy." Another person told us how staff supported them during recent medical treatment. They said, "They [staff] have been brilliant with me. My mum got them a thank you card."

We saw people had good contact with friends and family and staff encouraged people to see them. Some people's families lived away from the service and staff supported visits. A person told us, "Staff are so welcoming to my parents which is important."

We observed positive interactions between staff and people who used the service over the course of the inspection. We saw people and the staff had meaningful relationships; we saw banter and real warmth between people. Staff listened and supported what people wanted whilst promoting their independence. An example of this was a person who had expressed the desire to become more independent, staff had arranged for them to manage their own finances. The person told us, "I would like a little more independence. I have recently gotten access to my own money in my room, so I feel I am taking steps towards this."

We could see that people knew they mattered because staff demonstrated they did through their actions. One member of staff told us, "I have never seen staff be uncaring, we treat people as we would like to be treated ourselves, we work in partnership rather than think of it 'just as a job', and we have fun."

Staff used positive communication to include people, one method we saw was finger spelling. This helped a person who was unable to speak let staff know what they wanted. One person told us, "I have a big say in my care plan. If I want things added, I just tell them [staff] and it gets done." A member of staff told us, "People are definitely in charge of their home. We build relationships through positive communication and promoting independence; we guide people and offer support."

People's privacy and dignity was respected by staff. People told us, "They [staff] always knock before entering the room and they ask before they give me care. I am totally happy with the way I am treated here" "Yes they treat me with dignity and respect, if they didn't I would have something to say about it!" And "Staff don't come in my room without permission. I would go up the wall if they did." A visiting professional told us, "Staff are respectful of people; it is the best home I have been to. There is always staff around and they know people really well; they [staff] meet their needs and care about them."

A staff member explained to us, "I can judge the difference here against where I worked before. Here we are all equal; it is shared living, like a team. For example, if I made a coffee and the person wanted tea, I would apologise, admit my mistake, this shows respect."

The manager looked at ways to involve people in their care and treatment including their wishes and concerns regarding end of life care. Care plans contained this information which had been sought from

people and their families.

## Is the service responsive?

### Our findings

People told us they received care that was centred on them. One person told us, "I know how lucky I am living here. The staff do try hard putting things on for us." A relative told us, "I am involved with my family members care plan and I'm on first name terms with most of the staff. We have good chats and I feel I am kept aware of any changes."

Care plans contained detail about how people wanted their support to be delivered in a way that met their preferences. As an example we saw one person's plan outlined the bedding they preferred to keep them warm. The care plans covered all aspects of the person's life including their personal care and social needs.

We discussed the care plan format with the manager because it was difficult to navigate and at times contained repetitive information. Old historical documents which were no longer relevant were also held with the care plans. The manager acknowledged they needed to improve the format and archive old records. We could see that reviews of peoples care had taken place each month.

People had regular reviews to look at what was working well and what was not. We saw at one such meeting a person had highlighted they enjoyed trips to a local café which had just opened nearby. This meant that there was a system for reviewing people's care to ensure that the care they received was meeting their needs.

People led an active life, this included visiting places they knew and enjoyed, but also visiting places which were new and exciting. People were highly satisfied with the level of activities on offer, which included local trips to the pub, café and town centre and visits to local places of interest and museums.

People also enjoyed time at home with each other and we observed they discussed current events and their views on the day we visited. Where people had specific hobbies and interests these were encouraged. For example, one person who was supported to learn a musical instrument told us, "My music teacher is helping me with an album that I am writing and performing. I have music lessons once per week which I love."

We saw that staff strove to provide people with as many opportunities as possible and this included regular attendance at local day centres and work opportunities. We were told about one person who was supported by a regular member of staff to access activities. As a result, this had improved the person's confidence and they had been able to cope with new and challenging situations. This was an example of the positive attitude we saw from staff on the day we visited.

There had been no complaints relating to people's care received by the service since the last inspection. There was a complaints policy and the manager was aware how to deal with complaints. People told us they knew how to complain if they needed to and they felt they could approach staff and the manager. One relative told us, "It's five star all round from me at Foresight. Any issues that I've had have all been dealt with promptly."

## Is the service well-led?

### Our findings

A registered manager was in post at the time of the inspection, who had been in post many years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. One relative told us, "The house is very well run in my opinion and the manager is very approachable." A member of staff said, "[Name of manager] is a good manager, approachable and she listens; she treats us as equals."

We looked at how the provider ensured a safe and quality service was being achieved. We saw the manager carried out a range of checks which included review of the accidents and incidents which had occurred, safety checks on the environment and checks of the medicines management. A health and safety audit had been completed in May 2017 by a manager from a different service the provider also operated. The manager gave feedback on the quality and safety of the service to the provider via monthly manager team meetings.

Before the inspection we met with the provider to discuss their oversight and line management of the managers across their services with the CQC. We did this because we recognised the provider did not visit their services to carry out quality checks. They did not supervise the manager to ensure they had up to date information on how services must be run based on recognised good practice and legislation. This meant that they could not be confident that the management systems in place were sufficiently robust to drive continuous improvement. The audit systems in place had not picked up on those issues we identified such as the need to update care plans.

We discussed the progress with the manager at this inspection. They explained the provider had arranged for new procedures to be developed to guide managers on how to implement good practice and legislation. The provider had also recorded the last managers meeting they held to evidence the leadership they provided. The new procedures were at an early stage of development and as yet the provider had not undertaken quality checks at the service or provided the manager with supervision or appraisal.

We recommend that the provider review their approach to quality assurance to include quality checks by them or their nominated representative to ensure a quality and safe service is delivered.

Without exception, people their relatives and staff all commented on how they felt the service was like a family with a homely environment. This is also what we observed during our visit, the atmosphere and culture was one of support and mutual respect. One relative said, "A good thing about the service is the way that they treat everyone as part of the family." A person told us, "The best things is we are a big happy family. I love living here." A member of staff told us, "The culture is positive and we work as a team."

Staff told us that the manager was involved and visible at the service. One member of staff said, "Everyone is equal and nobody is above anyone, nobody is afraid to muck in, even the manager." Staff told us they had support to discuss the running of the service via regular team meetings. Records we saw confirmed this.

Staff told us they felt able to speak up and voice their views. One member of staff said, "There is a positive atmosphere and a good team, we are free to challenge without it being seen as a criticism."

People told us they had regular opportunity to discuss the service they received via 'House meetings'. They told us these were effective and that they could speak up freely. We saw from minutes of these meetings that this was the case. We saw people had discussed activities, menus, trips out and also how they could live harmoniously together as a group at these meetings.

The manager sought feedback from people and their families each year on the service provided. We saw positive feedback had been received in the most recent surveys carried out in 2016/ 17. One relative had responded, "Thank you again for the love, care and attention you give my family member, it enriches their life so much."