

# Richmond Fellowship(The) Foxlands House

## 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?

Outstanding 

### Overall summary

We carried out an unannounced comprehensive inspection on 17 December 2015.

Foxlands House provides accommodation and care services to people with mental health needs. The service provides a step down service to prepare people for independence and enable them to move on to more independent accommodation. All rooms are single occupancy and have en-suite facilities. At the time of our visit there were six people using the service.

People were treated with dignity and respect by staff who were supportive and caring. We observed that staff

interacted with people in a respectful manner and people responded positively. We saw that there was a system in place for managing medicines safely and ensuring that people received their medicines as prescribed. People were protected from the risk of abuse because staff knew what action to take if they suspected that anyone was suffering abuse. Consent to care and treatment was sought in line with the Mental Capacity Act 2005 legislation and staff understood the requirements of this.

# Summary of findings

People's nutritional needs were met by the service and we observed that people prepared their own meals and were given support where this was necessary. People's risks were assessed and reviewed and risk management plans were in place.

People received care and support that was exceptionally responsive to their needs. Care plans provided detailed information about people so staff knew exactly how they wished to be cared for and supported in a personalised way. People received strong encouragement to pursue their own interests and hobbies. People received one to one support through a key working system. This allowed staff to work with individual people on a one to one basis and meant people had a named staff member to talk about their needs at any time. People told us they found the key working sessions helpful and this enabled them to discuss how they felt and to feedback on the support they received from the service.

People were actively involved in developing the service and interviewed and met with new staff. Residents'

meetings were held to encourage people to give their views about the service and make suggestions for improvement. They were involved in making decisions about the environment, such as choosing the colour of paint to decorate communal and personal bedroom areas.

The service was well run by a team of experienced and qualified staff who understood the needs of people using the service. The home had a vision and values which were incorporated into the way the service was run and helped to deliver quality support in line with people's individual requirements.

Staff were well supported to perform their role and encouraged their personal development encouraged. Staff had received recent training in areas such as, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, safeguarding, medicine management, assessment of risk and support planning.

# 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 safe. We found medicines were safely stored and administered and people received their medicines as prescribed.

People's risks were assessed and there was guidance for staff on how to keep people safe.

People were protected from the risk of abuse because staff knew what action to take should they suspect abuse.

There were sufficient numbers of staff to meet people's needs safely. The service followed safe recruitment practices when employing new staff.

Good



### Is the service effective?

The service was effective. People were given choice at mealtimes and were encouraged to be involved in preparing their own meals.

People had their healthcare needs met by a range of professionals.

People's rooms were personalised and they were involved in choosing colour schemes at the home.

Staff were trained to enable them to meet people's needs in a person-centred way.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 legislation and staff understood the requirements of this.

Good



### Is the service caring?

The service was very caring. People were treated with dignity and respect by kind and caring staff who knew them well.

Staff were exceptionally caring and kind and people felt well cared for.

People were supported to express their views at a time that suited them and were actively involved in making decisions about all aspects of their care.

Good



### Is the service responsive?

The service was very responsive. Support plans were individualised and provided staff with detailed information about people's care and support needs.

Staff understood the concept of person-centred care and put this into practice when looking after people.

People participated in a range of group and individual activities. People were also encouraged to pursue their own hobbies or interests and staff supported them with this.

Complaints were encouraged by the service and people felt listened to as these were acted on.

Good



# Summary of findings

## Is the service well-led?

The service was very well-led.

Managers at the service were involved in people's care and were hands on. Staff felt supported by service managers and felt valued by their managers.

People were at the heart of the service and were actively involved in developing all aspects of the service and their views were acted on.

Robust systems were in place to audit key aspects of the service and an improvement plan was in place to ensure continuous improvement.

Relatives and healthcare professionals spoke very highly of the service and told us that they felt the service was well led.

**Outstanding**



# Foxlands House

## Detailed findings

### Background to this inspection

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

We undertook an unannounced comprehensive inspection of the service on 17 December 2015. The inspection team consisted of one inspector.

The service was last inspected in September 2014 and met the regulations we looked at.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service,

what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed interactions between staff and people using the service and spoke with people and staff who supported them. We also spoke with two relatives. We spent time looking at records including three care records, three staff personnel files, medication administration record (MAR) sheets, staff training records, complaints and other records relating to the management of the service. On the day of our inspection we met and spoke with three people living at the service. We spoke with the registered manager, a team leader, three support workers, community link worker and a visiting health professional.

# Is the service safe?

## Our findings

People told us they felt safe and happy living at Foxlands House. One person told us, “yes, I feel safe and I like the fact that there is people around.” A healthcare professional told us that they felt people were very safe at Foxlands House.

Staff we spoke with knew people well and were able to tell us the signs they would look for that would indicate someone may be suffering abuse. They were able to tell us the different types of abuse and said that any concerns would be reported in the first instance to their manager and if appropriate action was not taken they would report concerns to external authorities, including the local safeguarding authority, police and CQC. Records and staff confirmed that staff had received safeguarding training. They told us that this had helped them to better understand what to do if they suspected abuse and the signs to look for. We noted that the registered manager had taken appropriate action to address an issue of abuse with the local authority

We saw that people’s medicines were managed safely. We saw that some people managed their own medicines and others were administered by staff or the mental health team. People’s capacity to administer their medicines had been assessed in line with the provider’s policy. This empowered people to be independent with this aspect of their care and treatment. Medicines were ordered, stored, dispensed and disposed of safely. Medication Administration Record (MAR) charts showed that people received their medicines as prescribed and staff had signed the MAR to confirm this. Staff had received training in the administration of medicines. The registered manager told us the staff administering medicines undertook a medicine proficiency assessment.

Risks were assessed and people had electronic protection and safety assessments in place. We saw that the service

allowed people to take positive risks. Risks to people had been identified and assessed and information and guidance was in place to assist staff to mitigate the risk. Staff managed the risks relating to people’s support well. Each care record had detailed information about the risks associated with people’s care and support and how staff should support the person so minimise the risks. Care records included risk assessments of people’s mental health, including relapse indicators. There was a system in place for reviewing risks.

Safe recruitment practices were followed when new staff were employed. Staff files showed that proof of identity had been looked at, two references obtained and their suitability to work with adults at risk had been checked with the Disclosure and Barring Service. The registered manager told us that all staff joining the service were subject to a six months probation period to ensure that they were suited for their roles.

We examined the service incident and accident records and these contained a clear description of the incident and indicated whether it should be reported. Completed forms explained the outcome of the incident and included details of action taken to avoid re-occurrence. A monthly report of incidents was produced and accidents were reported to the health and safety lead in the organisation.

Each person had a personal emergency evacuation plan which detailed actions for staff to take to support people based on their ability to leave the building in the event of a fire or other emergency.

People confirmed that there were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs. Staffing levels were planned around people’s needs, appointments and their chosen activities. We observed that managers were visible and on hand to staff and people using the service. They talked with people using the service and staff and there was a very open and comfortable atmosphere.

# Is the service effective?

## Our findings

People told us they felt supported by staff and felt staff had the skills they needed to support people. A healthcare professional told us they felt staff had the knowledge and skills to perform their role.

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Staff and records confirmed that staff received regular supervision and a yearly appraisal. Staff said they could also request supervision if this was required. All staff told us they felt supported by their managers at the service and said they were able to approach them with any concerns and this would be resolved. Staff felt they were working in a safe environment. One staff member said, "I feel comfortable in confiding in them [managers], you can express yourself and raise issues and discuss where you need help." Staff described working together as being, "like a family." Regular team meetings were held, this gave staff the opportunity to discuss their work and any concerns about people using the service.

All staff underwent a formal induction period which included staff shadowing experienced staff until such time as they were confident to work alone. Staff were required to complete mandatory and required learning in the first 26 weeks of joining the service. This included various modules of learning, including e-learning in areas such as, health and safety, mental health awareness, MCA and DoLS and safeguarding adults and children legislation. Records and staff confirmed that training in these areas had been completed and a system in place for refresher training. There were opportunities for staff to take additional qualifications and for continual professional development and most staff had completed a professional qualification in health and social care. The registered manager told us that the provider had introduced a 'working in partnership learning pathway protocol,' for staff in October 2015. This had replaced the mandatory assessment and support planning training and staff were required to know their way around the provider's electronic record system. This included assessment, risk and support planning, information governance and an introduction to The Richmond Fellowship.

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 decisions 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. We saw that the service had acted in line with the MCA where this was in the best interest. All relevant documentation was seen, including the outcome of a decision made by the Court of Protection.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the MCA and put this into practice. They described the purpose of the MCA to us and its potential impact on people they were supporting. Staff members were aware of the Deprivation of Liberty Safeguards (DoLS), which is part of the MCA. DoLS protects the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. People had their own front door key and everyone could come and go as they pleased. We observed people coming and going on the day of our visit and people told us that they were able to go out into the community. People signed their support plans and kept copies of these and other documents in their room. People would let staff know when they were going out for health and safety reasons. We saw a DoLS leaflet displayed on the communal notice board providing information to people using the service.

People made choices about what they wanted to eat and most people prepared their own meals. On the day of our inspection we saw one person was preparing their own meal. People assisted with the weekly shop for the service and each person had an area to store their food. Throughout lunch we saw that people were laughing and talking with each other and staff. The atmosphere was lively and inviting.

We saw that the service worked closely with other healthcare professionals to ensure that people's individual needs were met. This included the local mental health team dietitian, GP and the district nurse.

# Is the service caring?

## Our findings

People spoke highly of staff and told us that staff were kind and caring. One person told us that they were, "Very well looked after," and that staff were "all quite good and helpful." Another person told us that they were, "happy, nice people here taking care of me." Relatives told us that people were treated with dignity and respect. One relative told us, "They're [staff] very respectful." Another relative described the care provided to their relative as, "Everything is tailored towards them [people who use the service] as individuals."

People were at the centre of the service and were treated with respect. People told us that they received care and support that was personal to them. They felt staff understood their specific needs. Staff had built up relationships with people and were familiar with their preferences and knew them well. People told us that they were very happy living at Foxlands House. One person told us they "love it, it's great," when asked whether they liked living at Foxlands House.

People had a good quality of life, full of engagement and activity. People valued their relationships with the staff team. Staff were exceptional in enabling people to remain independent and had an in-depth appreciation of people's individual needs around privacy and dignity. All the people told us the support they received from staff was really good. They praised the caring attitude of staff and the managers. One person said, "We do well here and get a lot of support."

People told us that staff actively involved people in making decisions about their care and took their preferences into account. One person told us that they were involved in writing their support plan and reviewed this through regular key working sessions. This involved discussions about the support they wanted and whether they had any specific interests. We saw that people took part in

interviewing for new staff members and had given their feedback. One staff member told us, "We look at the support plans and talk to people and support them to make decisions." The registered manager told us that where people needed support to make decisions and had no representatives, advocates had been organised who supported people to have their say.

Staff had extensive knowledge of people's needs, likes and dislikes and this was reflected in people's support plans. We saw that people's goals for what they wanted to achieve were set out in their support plan. Where these had been achieved a certificate of achievement was issued by the service, during our visit we saw one person had a certificate displayed in their room. People's cultural needs were met by the service.

We observed positive interactions between people using the service and staff, including senior managers who were caring, kind and patient. We saw that the managers worked alongside staff and constantly monitored staff practice to ensure that the positive respectful approach was sustained. Staff consistently took care to ask permission before intervening or assisting people and we saw evidence of this during our visit. There was a high level of engagement between people and staff throughout our inspection. We saw that people were empowered to express themselves in an environment that encouraged and involved them in their care and support in the way they preferred. For example, we saw people who required additional support with their health were provided with this in line with their plan of care and as agreed with them.

It was evident that staff had enough skills and experience to manage situations as they arose. Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. Staff asked people what they wanted to do during the day and supported people to make any arrangements.



# Is the service responsive?

## Our findings

People received personalised care that was responsive to their needs. They spoke highly of staff and their responsiveness to their needs. A healthcare professional told us that they felt the service was very responsive to people's needs.

People moving into Foxlands House were given a handbook, 'Helping you make a home'. This contained information about moving in and their rights and responsibilities, as well as supporting people to become a valued part of their community. The service had employed a community link worker who worked with people across services to promote community involvement and support people to pursue their individual interests and hobbies. One person told us of the good work they had done to support them to attend college. They said the community link worker had, "done a good job." We saw that people took part in various individual and group activities to meet their needs. We saw that there was a programme of activities, including gardening and a baking group. On the day of our visit we saw people taking part in a cake baking group and they told us that they did this every week.

People's interests and hobbies were noted in their support plans with action taken to meet their needs. We spoke with the community link worker who provided us with the latest community link of activity from June 2015. This showed a comprehensive programme of events and activities. People were involved in a number of activities on offer, including two people who had attended a college course, with one person completing their course. This was confirmed by the person who had completed a digital media course. They told us that this had helped them to build their confidence to move on to a mainstream college. We saw that planned and ongoing activities took place. These were displayed on a notice board situated in the communal reception area and hallway. This also contained information about other activities, such as a weekly art group and a women's group.

People had electronic support plans which were personalised and up to date. We saw that hard copies were printed and kept in a file in people's rooms. Support plans contained detailed information about people's support needs, for example, in the management of risks associated with people's dietary needs and the risks involved in going

out in to the community. People's choices and preferences and detailed background information were also documented. The daily records showed that these were taken into account when people received support. Staff had extensive knowledge about people's needs and gave examples of how the service responded to these. We saw that the service had had been exceptionally responsive in meeting the needs of one person whose health needs had changed dramatically and their support needs increased over a short period of time. The service had made adjustments to the way care and support was provided, such as carrying out hourly observations and keeping a food and fluid charts to ensure their nutritional needs were met, responding in a timely manner to any changes and working closely with other healthcare professionals to ensure this person received high level care which was outside of the service provisions.

We spoke with a healthcare professional who regularly visited the service. They told us that staff had gone beyond what residential services were about and had responded to people's needs. For another person staff worked creatively with one person who required extensive support with their eating, this included giving praise and involving the person in shopping by giving them an amount of money to buy foods of their choice. As a result this person had achieved a milestone one year after leaving hospital.

There was a system in place for logging and responding to complaints. All complaints were dealt with no matter how small they were. People were listened to and taken seriously at all times and every effort was made to resolve any concerns that people had raised. The complaints procedure was displayed around the service and people knew how to make a complaint and told us that staff encouraged them to make complaints. People said they had no complaints, but if they did they would talk to the staff. One person told us, "Staff want us to make complaints." They said when they did make a complaint this was dealt with, "really quickly." The team leader and registered manager talked about the importance of listening to peoples' comments and feedback and acting on them. They told us that they saw complaints as a learning and development opportunity for the service. We saw that the service had introduced a service feedback form for visitors in October and a suggestion box placed in the reception area.



# Is the service well-led?

## Our findings

People were actively involved in developing the service. We asked if people were involved in matters relating to staffing at the home. We were told that people formed part of the interview panel when the provider was seeking to recruit new staff members.

Relatives told us that they were happy with the way the service was run. One told us, "Really well run, good atmosphere and lots of communication between staff and people." Another told us, "They [the service] do fulfil a great role."

People and staff said that the managers were approachable and supportive and they could speak to them whenever they wanted to. We observed that people approached the managers whenever they wanted on the day of our visit. People told us the managers listened to what they had to say and took on board their views. There was clear and open dialogue between the people, staff and the managers. The managers worked alongside staff supporting and coaching them. Despite the constant demands, the managers remained calm and engaged with people and the staff in a calm and caring manner at all times.

Staff were clear about their roles and responsibilities and received regular feedback from the managers about their performance. They were able to describe their roles well. The staffing structure ensured that staff knew who they were accountable to. Staff meetings were used to share ideas for improving the service and to give coaching and guidance to staff. Staff told us that they completed a yearly staff survey asking them their views of the support they received from managers and other aspects of their work. Most staff had worked together for a number of years and had built up a good working relationship. One staff member told us, "We work well as a team, and support each other in our work." Staff told us they worked together using a co-key working system, this allows staff to cover for other staff who may be absent and ensures that people continue to receive the one to one care and support they need.

Staff told us that managers were always available and gave practical support and assistance. They told us they felt supported by the managers at the service, although they felt they were not always consulted with at provider level.

Staff said they were able to approach managers at the service at any time with their concerns and these would be taken on board. Staff lone working had access to an on call emergency service centre and told us this helped them to feel safe.

The provider has a set of values which the service stated was at the heart of everything they did. This included the belief that recovery is possible for every individual and giving people encouragement and support to achieve their goals. This approach was evident from discussions with people who use the service, staff and healthcare professionals we spoke with. Staff were able to tell us about these values and how this influenced the way they worked with people who use the service. They told us of the importance of respecting people's choices and developing their independence to ensure that they are able to manage when they move on to their own accommodation.

There was a staff competency framework for staff covering six main areas: team work, customer focus, communication, valuing diversity, continuous improvement, and planning and organising. Files reviewed showed that staff had completed this framework which had been signed off by the registered manager. The registered manager and team leader told us that the service celebrated staff remaining with the organisation for every five years, whereby a surprise party was held. After 10 years of service staff received £100 gift vouchers and additional leave. This was confirmed by staff we spoke with.

There were various ways that the provider used to get user voice in the way the service was delivered and tailored to the needs of people using the service. Residents' meetings were held every month to obtain users voice in the way the service was delivered and to tailor it to the needs of people. People confirmed they attended the residents' meetings saying, "Yes, there are meetings and we have a chance to tell staff what we want, such as food choices and group activities." We saw from minutes of residents meetings that these had been discussed.

We saw that the service had a team recovery implementation plan developed in January 2015 in co-production with people who use the service. This was an action put together by the service, involving people who use the service. This prioritised areas for improvement and resulted in an action plan of how these would be achieved. We saw that majority of these actions had been completed,



## Is the service well-led?

such as installation of a CCTV system and introduction of a new signing in process for people visiting from other nearby services. The registered manager told us that this was the main co-production process where the service worked with people to review the business plan, "making people the expert of their needs." She also told us that this allowed people to feel "Safer in their own home." This enabled people to have a say in making decisions about their environment and how the service was managed. People and records confirmed that these discussions had taken place.

People also took part in the organisations' annual survey and completed service satisfaction questionnaire on a yearly basis. This showed that most people would recommend the service to family and friends and majority felt that the service had helped to improve their quality of life. We saw that the registered manager had completed a benchmark report of feedback from people who use the service over a three year period. This showed an increase in the number of people participating in running the service following the introduction of a number of initiatives introduced, such as the local service development questionnaire introduced in September 2015.

The registered manager told us that the provider was in the process of working towards Investors in Diversity accreditation. This is a standard which helps organisations to manage equality, diversity and inclusion through a planned and holistic approach which focuses on a co-production involving staff and people using the service. The registered manager told us that she felt as large organisation this was necessary to ensure that people using the service are involved, listened to and influence changes to ensure people's diverse needs are met.

A quarterly newsletter produced by the provider 'Sparks' was put together by people and staff. We saw that the April 2015 edition featured an article about people using the service and their recovery journey. This highlighted the success achieved by people in a number of areas. One person unfamiliar with a computer was able to use one following completion of an IT course. Another person who enjoyed art was hoping to showcase some of their work at an art exhibition. People had 'taken huge steps on their recovery journey by taking part in educational courses, community arts programmes as well as voluntary art opportunities.'

We saw that the team leader had received an Excellent Care Award issued by the local authority 'in recognition of their hard work, commitment and professionalism' and work done with people using the service to move people on to independent living in the community and full time employment. This was featured in the provider's August 2014 'Sparks' newsletter.

The provider had undertaken regular audits of the service, including monthly audits carried out by managers of other services covering all aspects of service provision. Where areas for improvement were identified these were addressed promptly by the registered manager and team leader. For example, we saw that a medicine audits had identified errors which the service had put corrective measures in place to address these by changing the way medicines were stored and managed. This included identifying a lead person at each shift to ensure medicines were managed safely and reorganising the area where medicines were kept. Therefore systems were effective in identifying and addressing issues where these had been identified.