

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Foxglove Care Limited - 32 Rivelin Park

Kingswood, Hull, HU7 3GP

Tel: 01482823720

Date of Inspection: 15 January 2013

Date of Publication: February 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Foxglove Care Limited
Registered Manager	Mrs. Gillian Johnson
Overview of the service	<p>Rivelin Park is situated in one of the Kingswood housing developments just to the north of Kingston Upon Hull. The house is a three-storey property with a utility room, a small cloak/toilet and a small office on the ground floor. There is a lounge and a dining room on the first floor, and two single bedrooms (one with en-suite shower and toilet) and a bathroom on the second floor. There is a garden to the rear of the house.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	8
Supporting workers	9
Assessing and monitoring the quality of service provision	10
Records	11
<hr/>	
About CQC Inspections	12
<hr/>	
How we define our judgements	13
<hr/>	
Glossary of terms we use in this report	15
<hr/>	
Contact us	17

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 January 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with two people who used the service, two staff, the manger and two relatives.

One of the people who used the service told us that; "I now have a job in a charity shop and help them make money by helping out with sales." People's comments also included: "Staff are very good and I feel very safe here." "Staff treat me with respect and I can get up and go to bed what time I like."

Relatives we spoke with commented positively about the care and support their relative received. Comments included: "Staff listen to my views and are really good and I am involved with decisions about care." Further comments received from a relative included: "The service is a god send for my daughter and she has made a lot of progress." and "She is calm and relaxed and she benefits greatly from that and the service constantly consults with me."

We spoke with two members of staff and they were able to describe the procedures in place to report any safeguarding incidents they may witness or become aware of. Staff received training about the specific needs of people who's behaviour may challenge the service; for example challenging behaviour, epilepsy and autism.

Staff told us about the weekly meeting to decide menus for the week ahead, leisure activities and allocation of tasks which promoted independent living skills: "We meet every Sunday to prepare the weekly menu choices." and "We discuss activities people would like to do during the week."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual support plan.

We looked at two care records of people who used the service and saw an assessment of their needs had been undertaken for behaviours that may challenge the service. The care records included a monthly evaluation plan that involved the key worker and people that used the service. Staff told us that; "A person is fully supported on her diet plan to achieve a specific weight objective and has recently achieved this goal which is recorded in her monthly review."

People who used the service were aware of their care plans and had been involved in the development of these. Staff told us that, "We have developed learning logs that are completed with the key worker and relevant person." We saw that they contained such reviews like 'what did you do', 'what did you learn' and 'what worked well'.

We saw that activities of people who used the service were individualised in care records and were based on a person's choice. Activity plans also included tasks in the home which included cooking, cleaning and vacuuming. This ensured that people were encouraged to be involved in daily living activities.

At the time of our visit we saw that a musical event was planned at another service. The manager told us that; "We are promoting this musical event so that people who use the service and staff can participate in some activity that provides stimulation and allows people to enjoy themselves."

One of the people who used the service told us that; "I now have a job in a charity shop and help them make money by helping out with sales." People's comments also included: "Staff are very good and I feel very safe here." "Staff treat me with respect and I can get up and go to bed what time I like."

A relative we spoke with commented positively about the care and support their relative received. Comments included: "Staff listen to my views and are really good and I am involved with decisions about care" and "My relative feels safe in the home and we are happy with the way she is cared for and supported by staff when she goes out on the bus."

We also saw evidence of other health care professional's intervention to ensure appropriate professional advice had been sought where they had identified any issues relating to people's health. For example, chiropody and dental services. This ensured that the human rights of people who used the service were properly respected.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We spoke with two members of staff and they were able to describe the procedures in place to report any safeguarding incidents they may witness or become aware of. They told us that they felt confident that any incidents would be dealt with effectively by the management.

Staff we spoke with were knowledgeable about the procedures and how to recognise abuse.

People who used the service told us that they had monthly evaluation meetings where any concerns could be addressed. They told us that; "Staff are very good and I feel very safe here." and "Staff treat me with respect."

Staff had been given the opportunity to undertake training in safeguarding vulnerable adults and other specialist training for example, challenging behaviour, Mental Capacity Act 2005 and autism.

We looked at records that showed the provider responded appropriately to behaviours that may challenge the service. Our review of care records in the home found that the action plans to keep people safe had been developed and implemented where required.

Risk assessments and care plans had been developed to support safe care interventions and incidents relating to people's behaviour were monitored and assessed.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

We spoke with two members of staff who told us they had been on a range of training courses and that their personal development was supported. They told us that they were also provided with opportunity to undertake further professional development in the form of recognised qualifications appropriate to their role, for example National Vocational Qualifications in caring.

A staff member also told us that; "The manager has been very approachable and supportive of my personal development and has provided me with a reference to attend university in order to undertake occupational therapy training."

We saw there was a training plan in place which ensured all staff had training updated regularly. The provider had identified certain training as essential for all staff which included, amongst other topics, health and safety, mental capacity act, first aid and safeguarding vulnerable adults.

Staff also received training about the specific needs of people who's behaviour may challenge the service; for example challenging behaviour, epilepsy and autism.

We saw records that confirmed staff received supervision and support on a regular basis. This showed us the staff were supported, trained and had the appropriate skills and knowledge to be able to provide care safely to people who used the service. The manager told us that; "Supervision with staff is very interactive and an open discussion is recorded and we aim to have at least six supervision sessions and one appraisal every year.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. For example the views of people who used the service were sought through monthly evaluation meetings between the key worker and the person who used the service. The records showed that activities, meals and other aspects of the service were discussed and actions agreed.

Staff told us about the weekly meeting to decide menus for the week ahead, leisure activities and allocation of tasks which promoted independent living skills: "We meet every Sunday to prepare the weekly menu choices." and "We discuss activities people would like to do during the week."

We found that the manager had consulted with people who used the service, staff, relatives and other healthcare professionals through the use of a stakeholder survey. The manager told us these had been completed in November 2012. The completed survey indicated that people who used the service were satisfied with the care they received.

We saw evidence of best interest meetings that involved people who used the service and other healthcare professionals and these were also documented in the monthly team leader minutes. This ensured that the changes in the delivery of care was recorded and monitored.

The manager also told us that, "Team leaders are responsible for completing a monthly environmental check to make sure things are running as they should be before any people using the service are affected."

We saw a number of quality checks that had been put in place. These included regular audits of care records for people that used the service and the physical environment. We looked at documentation for health and safety and kitchen checks that were completed on a weekly basis.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Records were kept securely and could be located promptly when needed.

We looked at a variety of records that included person centred planning, managing behaviour, monthly evaluation plans, learning logs, mental capacity assessments and personal activities. We found the records to be up to date and accurate and were signed by the person that used the service that ensured they were involved in care planning and delivery of support.

We saw staff personnel files were kept separately and in a secure manner. They were only available to team leaders and the manager. This ensured confidentiality arrangements were in place.

We saw that care records were held securely and were made available to us at the time of the inspection.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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