

***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: 13 November 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Consent to care and treatment</b>	✓ Met this standard
<b>Cooperating with other providers</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Complaints</b>	✓ 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

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 November 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.

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### What people told us and what we found

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A person who used the service told us, "It's ok living here and we all get looked after by the staff" and "I like to go into the shops during the day on my own but my key worker stays outside the shop to help me if I need it."

During our visit one of the people who used the service was attending their annual care review. The meeting was attended by the person who used the service, the relative of the person, team leader, key care worker and care co-ordinator. All the attendees gave signed consent to attend the meeting including CQC. This ensured that any decisions made were in the person's best interest.

Records we looked at included instructions and information from other health care professionals for example; best interest meetings, mental capacity assessments carried out by the local authority, GP and dentist appointments. We saw that these were directly entered into a person's care plan record.

The first floor consisted of a comfortable main lounge area and kitchen and dining area. The decoration was pleasant and tidy. All areas of the property were free from clutter and obstructions which meant that people were protected from trip hazards and self-harm.

The complaints procedure provided easy to understand steps by asking people who used the service if they were feeling angry, worried or sad. It included pictorial formats for ease of understanding.

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People who used the service were given appropriate information and support regarding their care or treatment. People were supported in promoting their independence and community involvement. Their diversity, values and human rights were respected.

We observed staff interacting with people maintaining mutual respect; people were relaxed and confident with the staff. We saw that people were supported to make choices and supported to make decisions.

People were supported in promoting their independence. The manager told us, "People who live here have a lot of say in how their care is delivered and how they are supported. One of our service users typed their care plan notes themselves and the key worker reviewed them as part of their monthly review."

During our visit one of the people who used the service was attending their annual care review. We asked permission to attend the meeting which was attended by the person who used the service, the relative of the person, team leader, key care worker and care co-ordinator.

We observed that the person who used the service was allowed sufficient time to answer questions and was encouraged to talk about their experiences, their likes and dislikes. They were also encouraged to suggest any ideas on what they would like to do independently for example; cooking or working at a charity shop.

People, who attended the review showed compassion, were polite and showed respect to one another and the person who used the service was supported throughout the session.

A person who used the service told us, "It's ok living here and we all get looked after by the staff" and "I like to go into the shops during the day on my own but my key worker stays outside the shop to help me if I need it." A relative told us, "This compromise works

well as XX has independence and the staff know that they are safe too."

People who used the service were encouraged to be independent, were supported to access community facilities and their choices were respected. During the care review meeting, a person who used the service told us they had a visit to Butlins in June and the York chocolate factory. They also told us that they had visited Hull fair and Drayton manor in October.

Records we looked at also confirmed that another person had visited Butlins on holiday and had regular visits to 'the deep'. A relative also told us, "I am very happy with the support XX is getting, it's a godsend and I'm always grateful to the service."

**Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

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## **Our judgement**

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The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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## **Reasons for our judgement**

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Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We saw that signatures were not obtained within a person's care record to indicate consent was sought. The manager told us, "When people need to go for alternative treatments we would always get consent. However, there was an occasion when we had to give one of our service users a lot of re-assurances and communication support as they had to go for a vaccination and they didn't give consent at first."

The manager also told us that training for staff is included as part of the training for 'person centred thinking'. We looked at the training plan that confirmed staff had completed this training. Person centred thinking was a method of understanding peoples needs and support requirements.

We also looked at records that confirmed people who used the service consented to other activities for example when their old clothes were no longer needed; a person gave written consent for them to be given to a charity shop.

We looked at two care plans 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 the completion of daily diary notes by staff to ensure a person's care needs were up to date and relevant to their needs.

During our visit one of the people who used the service was attending their annual care review. The meeting was attended by the person who used the service, the relative of the person, team leader, key care worker and care co-ordinator. All the attendees gave signed consent to attend the meeting including CQC. This ensured that any decisions made were in the person's best interest.

We looked at supporting material around the service that assisted people in making decisions and confirming their consent. For example, activity and menu choices were selected by the people who used the service by them adding their choices directly onto

their individual daily record which was posted on their nominated notice board.

This ensured that people understood the choices available to them and that they gave their consent.

**People should get safe and coordinated care when they move between different services**

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**Our judgement**

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The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

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**Reasons for our judgement**

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People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

We looked at two care records of people who used the service and saw that there were various entries of other health care professional's intervention.

During our visit one of the people who used the service was attending their annual care review. The meeting was attended by the person who used the service, the relative of the person, team leader, key care worker and care co-ordinator. We observed on-going care planning discussions as part of a person's review and that appropriate health care professionals contributed to this process.

We spoke to the manager about how a person's support was monitored in respect of how other health care professionals interacted and provided additional care. The manager told us, "One of the service users had to go for their first smear test and they were a little confused with this. We showed them a CD so that they could better understand the procedures and it helped them a lot."

Records we looked at included instructions and information from other health care professionals for example; best interest meetings, mental capacity assessments carried out by the local authority, GP and dentist appointments. We saw that these were directly entered into a person's care plan record.

The manager told us, "If one of our service users has to go into hospital then they would take their 'patient passport' and medication information with them. We have not had an instance of this as of yet but staff would also attend hospital with the person to ensure they were supported during their stay."

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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We carried out a tour of the building and found the home to be clean, warm and comfortable. The service consisted of an entrance hall that lead to the manager's office and domestic area. The entrance hall also provided a suitable area to display useful notices for example; fire evacuation plan and procedures, staff one page profiles and the service complaints procedure which was also in pictorial format.

The first floor consisted of a comfortable main lounge area and kitchen and dining area. The decoration was pleasant and tidy. However, the manager told us, "We are hopefully going to redecorate the lounge area before the Christmas break. The service users have chosen the wall paper they would like and we will be arranging to have it completed soon."

The manager also told us that people who used the service could either choose to eat their meals at the dining table in the kitchen area or they can choose to use a lap tray in the lounge area. The second floor incorporated two separate bedrooms and a bathroom. One bedroom had an en-suite facility included.

One of the person's rooms we looked at had a detached sliding wardrobe door. We talked to the manager about this and they called the head office immediately to arrange to have the door repaired or replaced. They gave us their assurances that the door would be either fixed temporarily or if not then a new door would be fitted.

The main lounge area had an arrangement of comfortable settees and chairs for people to use. There was a communal TV and DVD player in the room to allow people the freedom to watch TV and programmes of their choice.

All areas of the property were free from clutter and obstructions which meant that people were protected from trip hazards and self-harm.

The two people's rooms we looked at were individualised and personalised to suit their personal needs. For example one person's room had family pictures, favourite toys, preferred choice of coloured bedding and their own TV.

People were encouraged to carry out domestic duties of their own room. During our inspection we observed a person tidying their own room. The manager told us that people had their own routines for cleaning their rooms and this was reviewed with their nominated key worker on a weekly basis.

The overall building maintenance was kept to a very high standard and the outside rear garden provided a table and seating area to sit when the weather was suitable. The manager told us that the rear garden area is normally used for barbecues in the summer season.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

Comments and complaints people made were responded to appropriately

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**Reasons for our judgement**

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People's complaints were fully investigated and resolved, where possible, to their satisfaction.

We saw there was a complaint procedure in place in pictorial format in people's own care records. The procedure told people who they could complain to for example; a member of staff, the local authority or CQC.

The procedure provided easy to understand steps by asking people who used the service if they were feeling angry, worried or sad. It included pictorial formats for ease of understanding.

The manager told us, "We would always try to address complaints at source and would encourage service users to discuss complaints with their key worker. If the issue was something that affected both service users then we would hold a formal house meeting."

Records we looked at confirmed that a formal house meeting addressed people's concerns for example; laundry and towels were discussed which corroborated with the managers comments.

We looked at the complaints log book and saw that there was one complaint logged over the last year.

We looked at the timescales for responding to complaints. The service had responded as appropriate, which ensured complaints were dealt with in a timely manner.

The provider took account of complaints and comments to improve the service. We saw that there was an 'ideas box' placed in the main entrance hall for staff, people who used the service and visitors to make comments or suggestions. However, the manager told us that this had not been used for some time.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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