

Fox Elms Care Limited

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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?	Good ●

Summary of findings

Overall summary

This inspection took place on 3 and 8 February 2016 and was unannounced. Fox Elms Care provides personal care to older and younger people with a learning disability, sensory or physical disability or mental health needs living in their own homes in Gloucestershire. Some people lived in private homes on their own or with family and other people lived in shared housing. Fox Elms Care was providing personal care to 26 people at the time of our inspection.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

People received personalised care and support which reflected their assessed needs. Their care records identified their preferences, routines and aspirations. Step by step guidance was provided for staff about how people wished to be supported with their personal care. People's levels of independence were clearly identified. People's diversity was acknowledged and if their age, disability or religion impacted on their care this was respected. People's human rights were upheld and staff helped them to stay safe from harm or injury. Staff understood people really well and knew how to support them when they were anxious or distressed. People were respected and treated with dignity. They had positive relationships with staff and were confident in their company. People's capacity to consent to aspects of their care and support were considered and if needed decisions were made in their best interests. People made choices about their day to day lives and directed staff about how they wished to spend their time. A person told us, "I cannot rate too highly the care and support I receive from Fox Elms. It is excellent and totally reliable."

People were supported by staff who had been through a recruitment process. People met with new staff informally at their homes and some had been involved in the interview process. Small changes were made to the recruitment process during the inspection, to make sure it was robust. Staff had the opportunity to acquire the skills and knowledge they needed to carry out their roles. They said they felt supported in their roles and would raise any concerns or issues with the registered manager. Individual and team meetings provided the chance for staff to reflect on their roles, training needs and the care they provided. Out of hours management support was provided in case this was needed in an emergency. There were enough staff to meet people's individual needs. People had copies of staff schedules so they knew who was supporting them and at what time.

People, their relatives and staff had been asked for their views about Fox Elms and their experiences of the care they received. This was done formally each year in a survey, as well as during reviews of their care and through the monitoring of complaints and compliments. A range of quality assurance systems and external audits by the local authority were used to monitor and improve the care and support provided. The vision for the service to, "offer every person that we support a service that is truly centred on their own needs, abilities and desires" was endorsed by staff in their day to day work. A relative commented, "Gloucestershire

in our opinion is very fortunate to have such an agency".

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. People's rights were upheld and promoted. Staff had a good understanding of safeguarding procedures and how to respond to suspected abuse.

People were kept safe from hazards in their home and their community. People who became upset or anxious were supported by staff who had the skills and knowledge to help them manage their emotions.

People were supported by sufficient staff with the right skills and knowledge. Recruitment and selection processes were improved during the inspection to make sure they were robust.

People's medicines were administered and managed safely.

Good ●

Is the service effective?

The service was effective. People were supported by staff who had the opportunity to develop their skills and knowledge and to develop professionally. Staff were supported through individual and team meetings to reflect on their performance and their training needs.

People's capacity to consent to their care and support was sought in line with the requirements of the Mental Capacity Act 2005. People unable to consent to aspects of their care or support, had decisions made in their best interests.

People were supported to stay well through maintaining a balanced diet and access to health care professionals.

Good ●

Is the service caring?

The service was caring. People were supported with kindness, care and patience. They were reassured when upset and shared lighter moments with staff when happy.

People had the opportunity to make choices about their daily lives and to be involved in reviews of their care and support.

People were treated with dignity and respect and their human

Good ●

rights were upheld.

Is the service responsive?

The service was responsive. People received individualised care which reflected their wishes, aspirations and preferences. People's care was delivered when and where they needed it.

People, relatives and staff knew they could raise concerns and action would be taken to address any issues they raised.

Good ●

Is the service well-led?

The service was well-led. People's views and those of their relatives and staff were sought and used to improve the quality of the service provided.

The registered manager recognised the challenges for the service and worked with external agencies to develop and improve the service provided.

Quality assurance systems were effective and monitored people's experiences of their care and support.

Good ●

Fox Elms Care Limited

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.

The inspection took place on 3 and 8 February 2016 and was unannounced. One inspector carried out this inspection. 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 improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law. We had also received information from a local commissioning team.

As part of this inspection we met with four people using the service and questionnaires had been returned from three people using the service, two staff, two relatives and two health care professionals. We also had feedback from another two relatives. We spoke with the registered manager, eight care staff and staff with responsibility for quality assurance, staff recruitment and training. We reviewed the care records for four people including their medicines records. We also looked at the recruitment records for five staff, staff training records and quality assurance systems including health and safety records. We observed the care and support being provided to four people. We contacted 10 health and social care professionals and asked them for their feedback about this service.

Is the service safe?

Our findings

People's rights were upheld. People who responded to our questionnaires said they felt safe and would know how to raise concerns. Relatives commented, "Staff have been instrumental in restoring his confidence and making him feel secure in his bungalow" and "He is kept safe". Staff had a good understanding of how to recognise abuse and what they should do in response. They explained the procedures they would follow, including making sure the person was in a safe place, keeping robust records and raising concerns with senior staff or directly with the local authority safeguarding team. For example, staff had noticed bruising on a person's arm and had reported this to the safeguarding team but on investigation they were satisfied this had not been physical abuse. Staff confirmed they had completed refresher training in safeguarding. Senior staff described how they discussed safeguarding with staff during individual support sessions or as part of team meetings. The registered manager had raised safeguarding alerts when needed with the local authority and had notified the Care Quality Commission. CQC monitors events affecting the welfare, health and safety of people using a service through the notifications sent to us by providers. The registered manager discussed with us the action taken to keep people safe which included disciplinary action with staff when needed.

People were supported to take risks in their day to day lives. Hazards had been identified and risk management strategies had been put in place to enable people to live in a safe environment and to access the community without fear of harm. The provider information return stated the service was working closely with the local authority "to introduce new ways of working that are less risk averse and more facilitating". Risk assessments clearly identified any hazards and the strategies put in place to minimise these. For example, some people needed additional staff support when going out and about to ensure their safety. Risk assessments had been developed in response to accidents or incidents to prevent further harm to people. Staff were encouraged to reflect about whether anything could have been done differently. This would then be incorporated into people's risk assessments. For instance, recognising one person preferred to be supported by male staff only or changing the way in which questions were phrased.

Occasionally people became anxious or upset. Clear strategies had been developed by staff who were trained as trainers in positive behaviour management. This training had been accredited by the British Institute of Learning Disabilities. Advice had also been sought from health care professionals and this was also included. Staff had a really good understanding of how to support people when they were upset. They described how they either withdrew to give people space or used diversions such as music, laughter or a hot drink. A relative commented, "Fox Elms have a fine, widely experienced staff with specialist understanding in varying behaviour management." An advocate also commented, "Through various interventions, adaptations and support, these are managed more effectively." Staff confirmed they rarely used medicines to be given "when needed" in these situations. All accidents and incidents had been recorded with evidence of what action staff had taken in response. These records were monitored by senior management to ensure staff had responded appropriately and no further action was needed.

People had individual personal evacuation plans in place describing how they were to be helped to leave their homes in an emergency. Staff talked about the support available to them in an emergency such as

contacting the out of hour's team. The registered manager confirmed an additional safeguard had been added to provide back-up for the on call team should it be needed. Staff told us, "if you need them they will be out here". The senior management team were accessible and responsive to any issues they might have. An example of this was the quick response to dealing with environmental problems such as leaking taps or equipment which had broken. Recommendations from the local fire service to upgrade fire systems in people's homes had been responded to.

People's individual care and support needs had been agreed with them or their legal representatives and the local authority commissioning their care packages. Some people had care provided to them in their own home or their family homes and other people lived in shared housing. A relative commented, "They are rarely late, if so the communication by Fox Elms is always made promptly and help comes." A new system had been put in place by the local authority which required staff to electronically log into a system to register when care had been provided to people. This meant the provider was able to monitor people's call times and whether they had been supported for the correct length of time. The system also provided a new way of setting up rotas for staff and making sure staff were allocated efficiently and effectively. Staff working with people in shared housing said their hours had been reduced but they had introduced new ways of working to make sure the loss of hours, for instance of handovers between staff, did not affect communication. There were sufficient staff with the right skills and knowledge to meet people's needs and staff said they did not use agency staff. They were able to provide additional cover when needed. They said the "continuity and consistency" of staff was important to maintain people's safety and well-being.

People were involved in the recruitment of their staff. People met informally with staff before they were appointed and some people had taken part in interviews with staff. The recruitment and selection process assessed the competency and character of new staff to carry out their role. Each applicant had completed an application form and which requested a full employment history. Despite additional checks being carried out during the interview to check a full employment history had been provided, two of the five staff files examined had failed to do this. During the inspection this was rectified and interview questions included another prompt to clarify any gaps in employment history. Staff did not start work before satisfactory references and a disclosure and barring service (DBS) check had been obtained. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. Discussions with the registered manager centred on how they could make their recruitment process more robust such as adding a question to references seeking confirmation of the reason why people left former employment with children or adults. None of the new applicants had previous experience in social care. Changes were made to reference requests during the inspection.

People received their medicines safely and at times they wished to have them. Where people needed help with their medicines this was clearly identified in their care records and their consent had been recorded. People unable to give their consent had evidence in their records that their medicines had been given to them in their best interests. Staff confirmed they had completed training in the administration of medicines and had been observed giving medicines to people to assess their ongoing competency. Medicine administration records (MAR) examined had been completed satisfactorily. Protocols were in place for the use of medicines to be given "when needed" guiding staff when to call the GP for further advice. Stock levels were recorded on the MAR and staff checked blister packs to make sure they contained the correct medicines. A relative praised staff for noticing a blister pack had been filled incorrectly by the pharmacy and raising this with them. Staff confirmed if people wished to use over the counter medicines they checked with the GP first to make sure they could be taken with prescribed medicines. They said this was then recorded on the MAR. The supplying pharmacy for people living in shared housing had carried out inspections and staff said their recommendations had been implemented. This included reviewing the medicines policy and

procedure.

Is the service effective?

Our findings

People received care and support from staff who had the opportunity to acquire the skills and knowledge to meet their needs. The registered manager said they provided a robust induction programme for new staff who often did not have any experience of working in social care previously. Staff completed the new care certificate as part of their induction. The care certificate sets out the learning competencies and standards of behaviour expected of care workers. Staff said they had embraced the opportunities to learn new skills and were supported to develop their confidence whilst shadowing experienced staff. A relative confirmed this, "When a new staff member may be assigned to [name], they always shadow a current staff member." Another relative commented about staff who had the "understanding, experience and wide ranging ability" to meet complex needs. Robust systems were in place to support new staff through their probation with regular probationary meetings to reflect on their performance and training needs. The training needs of staff were monitored closely and they were prompted when refresher training, considered as mandatory by the provider, was needed. As part of this staff completed training in equality and diversity as well as safeguarding and the Mental Capacity Act 2005.

People benefited from staff who were supported to develop professionally and to apply for promotion within the service. Staff proudly talked about their achievements registering for the diploma in health and social care at levels 3 and 5. Staff said they took lead responsibility for key areas such as training, managing medicines or scheduling staff. They had been supported to complete any training associated with these tasks. They confirmed if they needed training relevant to people's needs this would be sourced, for example epilepsy. The registered manager described how individual support for staff known as supervisions, had been reviewed and she was presently involved in carrying out supervisions with staff whilst senior staff observed the process. She said the form used to record these sessions had been reviewed to ensure greater consistency. Staff confirmed they had individual meetings to discuss their performance every three months.

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. We checked whether the service was working within the principles of the MCA. People unable to make some or all decisions about their care and support had been assessed in line with the MCA. Records indicated which areas of their care and support they could not make decisions about and which they could. People's care records clearly stated how they communicated their wishes, using sign language, objects of reference or pictures and photographs. For example, one person's care records informed staff about the sign they used to refuse care. If people had fluctuating capacity to make decisions for example due to a decline in their mental health this was noted. There was evidence best interest meetings had been held when needed to discuss aspects of people's care or support with relatives, health care professionals and staff.

People were supported to manage their emotions. Clear strategies were in place identifying what was likely to upset them and how staff could help them to become calmer. Staff described how they anticipated people's well-being and techniques they used to prevent people's anxieties heightening. Staff confirmed

they did not use physical intervention and any break away techniques they could use were clearly recorded identifying the circumstances when these might be used. Staff said they would always use the least restrictive practice and could describe the effective use of diversion and distraction. There were some restrictions in place to keep people safe. These had been discussed with relatives, staff and health care professionals. A deprivation of liberty safeguard had been authorised by the Court of Protection for the use of a padded gate in one part of a person's flat. This was to remove the risks of access to parts of their flat during the night when they did not have staff support. The registered manager had provided a list of people being restricted of their liberty to the local authority to consider for submission to the Court of Protection.

People were supported to eat a diet which reflected their lifestyle choices and they were provided with information and guidance about maintaining a healthy and balanced diet. People had discussed their likes and dislikes and any allergies had been identified. People's care records identified where they needed support to maintain a healthy diet. For example, one person's routines around meal times were extremely important to them and any deviation from this could result in them not eating. Another person had step by step instructions in their care plans guiding staff about how to maintain their food and fluid intake. Care records also provided a prompt list of signs for staff to look out for to indicate when people might be hungry or thirsty but unable to express this verbally. Occasionally people were at risk of choking and care plans reminded staff to monitor them closely as well as making sure food was cut up. People were observed helping themselves to drinks or being given drinks when requested.

People had access to a range of health care professionals and staff support was available if needed to attend appointments. Staff said when people were admitted to hospital they had contacted the hospital's learning disability liaison nurses to make sure plans were put in place for an effective admission. Staff described how a consultant had visited a person in their own home because they disliked hospitals. Staff monitored people's health and well-being discreetly and by closely monitoring any weight loss or other changes they were able to keep health care professionals informed. Each person had a health action plan and also a document containing essential information should they need to be admitted to hospital in an emergency.

Is the service caring?

Our findings

People were observed being treated kindly with care, patience and shared humour. Staff reflected, "We look after the guys well, interactions are good and there is a good rapport, we have a laugh with them. We try and keep it as light as possible." People responded positively with staff, showing a confidence in their relationships with them, chatting amiably or smiling and laughing with them. One person glowed when having individual attention from staff involving a foot massage. They indicated to staff when they wished to be alone and staff respected this. Staff explained they liked to have short interactions on their own terms and staff respected this. A relative told us the staff did a "fantastic job of caring for [name]. I can't thank this team enough."

People's diversity with respect to their age, disability, gender, race and religion were identified in their care records and any adjustments which were needed to their care and support were highlighted. For example, when people had a preference for the gender of staff providing their personal care this was respected. People were supported to participate in age appropriate activities both within their home and within their local communities. Staff described how they supported people to maintain positive relationships with their families and friends. People's preferences for the way they lived had been considered when supporting them to choose a home which promoted their sense of well-being. This could be a flat or shared housing in a town, city or in the countryside. People's personal preferences, likes, dislikes and routines important to them were identified in their care records. These had been produced in a format accessible to people using pictures, diagrams and easy to read text.

People's human rights were promoted. Staff understood how to respond to them when upset or worried and how to cope with their distress. This involved considering the best course of action to take, always going for the least restrictive option such as reassuring them, offering a drink or using music as a distraction. The use of medicines or restraint was not promoted as a response to someone's emotional discomfort. People's right to privacy and confidentiality were respected. Their personal information was kept securely and shared only with professionals who had a right of access.

People were asked for their opinions about their care and support in a variety of ways. They were involved in reviews of their care with staff, relatives and health care professionals. People had copies of their care plans in their home as well as a service user guide explaining the service being provided by Fox Elms and how to make a complaint. People had the opportunity to respond to annual surveys to reflect about the quality of care provided. Each day staff provided people with the opportunities to make choices about how they wished to spend their time and their responses were listened to and respected. For larger decisions about their life, people had access to advocates to speak on their behalf, if needed.

People were treated respectfully and with dignity. A relative commented, "He is treated with respect, appropriate guidance and committed support with a lot of continuity." The provider information return stated all staff during induction had been prompted "to treat service users as you would wish to be treated yourself or if it was a loved one". People's care records directed staff to respect people's individuality and any routines so important to them. For example, giving time and space for private time alone or

approaching people in a calm and happy manner. Staff described how they encouraged people to be independent in aspects of their life. Personal care support plans clearly stated what they could do for themselves and what they needed help with. Staff said they introduced small steps, little and often and if people were unwilling to continue they would offer alternative tasks to try. For example, one person showed no interest in house hold jobs so they planned to introduce them to recycling. A health care professional commented to staff how impressed they were with the way they encouraged a person to maintain their self-help skills. A relative commented, "His greatly improved mental state and general well-being are due to the good people you send out to him every day".

Is the service responsive?

Our findings

People's care reflected their background, personal wishes, aspirations and routines so important to them. Each person had an assessment completed by their commissioning authority and their needs were assessed by Fox Elms to make sure any changing needs had been reflected in their care records. People had care plans which clearly set out how they wished to be supported which included their personal preferences and took into account their levels of independence. In response to our questionnaires a person told us, "All Fox Elms carers are good people and they have helped my confidence to grow in myself." Relatives commented about the care provided, "Unitedly they [staff] have contributed enormously to the person he is today" and "He has improved significantly since they [staff] have been caring for him".

People and their relatives were involved in reviewing the care and support provided to make sure it continued to reflect their needs and wishes. A relative reflected, "how professional Fox Elms are in managing change". Staff described how they tried to give people as much choice and control over their lives as possible. Their care plans reflected their knowledge and understanding of people's conditions as well as guidance from social and health care professionals. Inconsistent feedback was received from social and health care professionals. One felt the recommendations of their team were not always implemented by staff but another said staff had worked co-operatively with them. Staff said they always tried to follow guidance from social and health care professionals and the registered manager said they were not always very robust evidencing when guidance had not been successful.

People said they were happy with the care and support they received. Some people's care was delivered by staff supporting other people they lived with. They had time allocated to them reflecting the support hours agreed with commissioners from the local authority. Rotas confirmed which staff worked with which people. People living in their own homes or with family also had rotas supplied to them so they knew who would be delivering their care and support and at what time. A relative confirmed, "Rotas are always issued and are clear to understand."

As part of their care package some people were supported in the community. People were observed taking the lead; deciding how to spend their time and whether they wished to go out. Staff said they supported people to engage with people in their local community using local facilities and developing the skills to be more independent. Social and health care professionals commented Fox Elms had become better at supporting people but still needed to encourage people to get out and about, to be more independent and to have greater community access. A relative confirmed this stating, "Due to his autism staff do not engage him with the community." Staff acknowledged this saying although they provided opportunities for people to be involved in their local communities this could be challenging. They described how sometimes this meant taking very small steps to increase people's confidence and sense of well-being. For example, one person had progressed from short drives around their locality, to longer drives to a local venue. People were supported to keep in touch with their families and friends. Staff told us how they had contacted a relative of one person, who they had lost touch with.

People and their relatives had information about how to make a complaint. Relatives confirmed they knew

how to make a complaint, "We do know the procedures about complaints should it be necessary." Staff said they would raise any issues with senior managers and action would be taken to address their concerns. The registered manager confirmed they had not received any complaints and had received five compliments in the last 12 months. A member of staff had commented how much they had enjoyed working for Fox Elms and "really appreciated the company of residents, service users and fellow support workers." The provider information return stated, "Managers meet weekly to discuss issues or any feedback received and they agree strategies to address or respond to feedback."

Is the service well-led?

Our findings

People, their relatives and staff had ample opportunity to give feedback about the service they received and the provider responded to their views by making positive changes to the service. A person who replied to our questionnaires told us, "I cannot rate too highly the care and support I receive from Fox Elms. It is excellent and totally reliable." Relatives commented about the quality of care provided, "Gloucestershire in our opinion is very fortunate to have such an agency" and "I can't thank the team enough, they are all a credit to this company; they have done a fantastic job." Annual surveys had been sent out and were being returned at the time of our inspection. Last year's annual report identified areas for improvement which included ensuring staff had a more structured induction programme and providing individual support (supervisions) to staff on a regular basis. These had been achieved although the registered manager confirmed they still had work to do to make the supervision system more robust. This was in hand.

The registered manager was supported by a senior management team who were described as being open, accessible and approachable. Despite the wide geographical area covered by the service staff said they felt supported by Fox Elms and were confident raising concerns or expressing their views about the service they provided. One member of staff thanked the provider for the "fairness and support you personally have afforded me, as and when required". Concerns had been raised with the Care Quality Commission about the dynamics of some staff teams and these had been investigated by the registered manager with action being taken to address any issues identified. Staff said of the registered manager, "She is compassionate about her staff and their well-being. She gives praise when it is due and constructive criticism when needed" and "She will tackle poor performance". The registered manager discussed with us how they had successfully supported a person to challenge through the courts proposed changes to their living arrangements.

The visions of the service were described as to "offer every person that we support a service that is truly centred on their own needs, abilities and desires". Staff endorsed this stating, "We work in a person centred way, meeting needs, developing skills and creating more independence." The registered manager reinforced this saying, "Our forte is behaviour management, with people with long term mental health issues and learning disabilities; keeping people out of hospital and keeping mental health teams informed in case early intervention is needed."

The provider monitored the quality of the service provided through a range of internal audits. Staff talked through annual audits which were carried out to analyse accidents and incidents to review the action taken and whether any improvements could have been made. In response, they had reflected on the need for staff to complete debriefs with senior staff after accidents and incidents. Although these had been offered, they not always been carried out so missing the opportunity to learn and evolve. Audits had also been completed for the administration of medicines and care plans as well as observations of staff carrying out their roles. A business plan was in place to ensure financial viability and the allocation of resources where needed. Further improvements were planned to the ongoing development of care plans, training in positive behaviour support for all staff and sustaining the individual meetings and support for staff. Staff confirmed policies and procedures were being reviewed to ensure they reflected current best practice.

People benefited from external audits of their service by the local authority and inspections by their peers. Any actions identified from these external audits had been implemented and the registered manager said they had found the process helpful giving them an opportunity to reflect on the way they do things and look at different approaches. In light of these, staff had registered for training in positive behaviour support providing the opportunity to review how they supported people when they were upset or anxious. Staff had also planned new opportunities to engage people in their local communities.

The registered manager was aware of her responsibilities under the Care Quality Commission (CQC) and submitted notifications when needed. CQC monitors events affecting the welfare, health and safety of people using a service through the notifications sent to us by providers. The provider information return (PIR) said she and staff kept up to date with best practice and changes in legislation by attending local provider forums and networking with other providers to share information. The PIR also commented, "Regular meetings with all co-ordinators will be introduced on a monthly basis, to ensure that all new information, guidance and feedback is shared and then addressed in each area as required." The registered manager recognised the challenges of introducing the electronic call monitoring system and the effect this had on staff. The registered manager said she was proud that these changes, introduced by commissioners, had not impacted on people receiving a service.