

Agincare (Derby) Limited

Foylebank Care Home

Inspection report

Foyle Avenue
Chaddesden
Derby
Derbyshire
DE21 6TZ

Tel: 01332718300
Website: www.agincare.com

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Foylebank is a residential care home providing personal care to up to 35 people. On the first and second day of our inspection there were 32 people at the home.

Foylebank Care Home accommodates people over two floors. There are various communal areas for activities, relaxation and dining. The home has a central garden with viewing windows.

People's experience of the service and what we found:

Quality assurance systems at the home were not always effective in identifying issues.

People were at increased risk of infection because some areas of the home were not cleaned effectively, and staff were not up to date with the infection prevention training.

The systems to record risk to people's health and safety were not always efficient, however staff were well aware of any risks to people and knew how to mitigate them.

All staff received mandatory training as part of their induction, however at the time of this inspection some staff were behind with their refresher training. People felt staff were skilled and competent in doing their role.

People felt safe and staff understood how to recognise signs of abuse and neglect and knew to report it. The managers investigated and reported safeguarding allegations thoroughly, in line with the home's policy and the local safeguarding procedures. There was enough safely recruited staff to meet people's need, however staff were not always efficiently delegated.

People's medicines were managed safely by staff who completed training and felt confident in supporting people.

People enjoyed their meals and had plenty of food available whenever they wanted. The dining environment was pleasant, and people could choose to spend their time in communal areas, quiet rooms or their bedrooms. People could decorate their rooms if they chose to.

People were well treated; their dignity was protected, and independence was promoted. People were supported to live as healthy as possible. When people required support from other services or health professionals, staff identified and referred them promptly. People had access to variety of activities and were supported to avoid social isolation.

Staff ensured people consented to care and this was recorded appropriately. When people lacked the capacity to make certain decisions, staff made decisions in their best interest. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The managers of the service were approachable and understood their responsibilities. People and staff felt

they can raise any issue with the management and were confident they would be resolved promptly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was registered with us on 13 January 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Foylebank Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Foylebank Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Foylebank Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The provider had recently recruited a new manager who was in the process of registration.

Notice of inspection

The inspection was unannounced. Inspection activity started on 14 November 2023 and ended on 17 November 2023. We visited the location on 14 and 15 November 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We asked the local authority and Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 11 relatives. We also spoke with 8 members of staff including the manager, deputy manager and care workers. We observed people in the dining room, the lounge and in their rooms. We reviewed a range of records which included 6 people's care records and various medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A range of records relating to the management of the service including audits, analyses of data and policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

People were not always protected from the risk of infection as staff were not consistently following safe infection prevention and control practices.

- Some areas of the home could not be cleaned effectively due to paint work being compromised and rust on the radiators in the toilets.
- We saw some equipment that required deep cleaning, for example a rotunda used to support people with moving and handling and a microwave in the kitchen upstairs.
- Some staff were not up to date with the preventing and controlling infection training and were not sure how to access the relevant policy.
- Following our feedback, the provider ensured all staff completed preventing and controlling infection. The provider presented an action plan with a schedule of addressing the other infection prevention shortfalls.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm.

- The service had effective safeguarding systems, policies and procedures and managed safeguarding concerns promptly, using the local safeguarding procedures.
- Staff knew how to recognise and report safeguarding concerns. A care assistant said, "I had safeguarding training and I learnt how to recognise safeguarding concerns and how to report it. I'd report it to manager, and I'd go higher if its needs to be, for example to CQC".
- All staff completed safeguarding training during their induction, however some staff did not complete their annual refresher training. Following the inspection feedback, the manager ensured all staff immediately updated the outstanding training.
- When safeguarding concerns were reported to the manager, investigations were thorough. The manager investigated safeguarding concerns in an open and transparent way, in line with the local safeguarding procedures and reported them to CQC.
- People and their relatives told us they felt safe at Foylebank Care Home. One person said, "I lived in a few different care homes, but this one is the best. I feel safe and looked after".

Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.

- People had risk assessments in place, however some of them required adding more information to ensure

they were practical and informative. The provider arranged for all of the risk assessments to be reviewed and updated following our feedback.

- Staff supported people when making choices, so they had as much control and independence as possible, and the least restrictive options were considered. For example, staff respected people's right to continue to smoke and supported them in facilitating it in the safest way possible.
- When people behaved in a way that could challenge others, staff managed the situation in a positive way and protected people's dignity and rights. Staff tried to understand and reduce the causes of behaviour that distressed people, for example by using the ABC approach. This approach is used to understand links between the behaviour and what happens before and after it.
- Staff shared information about risks in handover meetings and other meetings. Staff were aware of risks to people's wellbeing and knew how to manage them.
- Staff knew what to do when there was an accident or an incident, for example a fall. We saw that incidents reports were completed by staff and overseen by the management.

Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff.

The provider operated safe recruitment processes.

- The provider used a dependency tool to ensure suitable levels of staff. We saw the staff rota which were consistent with the dependency tool. Manager completed daily checks to ensure staff levels were appropriate.
- Staff told us that most of the time there was enough staff unless unplanned absence occurred.
- People told us they did not have to wait long for support.
- During our two days inspection we observed that there was enough staff who attended to people in a timely manner. However, on the first day of our inspection we observed that staff were not delegated efficiently at lunch time. This impacted on some people's dining experience. We shared our findings with the provider, and it was rectified on the second day of our inspection.
- Recruitment systems were robust and ensured that the right staff were recruited to support people to stay safe.
- Appropriate DBS checks and other recruitment checks were carried out as standard practice.

Using medicines safely

People were supported to receive their medicines safely.

- People received their medicines as prescribed. One person said, "I've never had any problems with the medicines. They always ask me if I am ok or if I am in any pain".
- Staff managed medicines consistently and safely. Medicines were stored correctly and disposed of safely. Staff kept accurate medicines records.
- We saw an example of how staff followed correct procedures to protect people with limited capacity to make decisions about their own care and treatment and when medicines needed to be given without their knowledge or consent.

Learning lessons when things go wrong

The provider learned lessons when things had gone wrong.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and they were supported when they did by the manager.
- When something went wrong, the managers completed an investigation that involved the relevant staff, partner organisations and people who use the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

The service did not always make sure staff had the skills, knowledge and experience to deliver effective care and support.

- The provider understood that staff need training and development, but this was not always up to date. We found that some staff did not complete all of the mandatory training assigned to them. This was addressed by the provider immediately following our feedback.
- Staff received supervisions with the management, but this was not always consistent. Staff were not sure how often supervisions took place and did not fully understand the purpose of supervisions.

Supporting people to eat and drink enough to maintain a balanced diet

People were supported to eat and drink enough to maintain a balanced diet.

- On the first day of our inspection, we observed that some of the people who required help with their meals were not appropriately supported by staff. For example, we saw that one person who's care plan said they need encouragement from staff, did not receive that support. As a result the person only had a small part of their lunch. We shared our feedback with the managers who agreed to complete daily lunch time observations and re-delegate staff if needed. We had not observed the same concerns on the second day of our inspection.
- People could choose what they want to eat and had access to sufficient food and drink throughout the day. We have seen a variety of snacks available and offered to people throughout the day.
- The dining environment was pleasant, and food was well presented. Portion sizes were in accordance with people's personal preferences.
- People's cultural, religious and personal preferences were considered. Where people required a specific type of diet, that was provided by staff. For example, we saw halal and dairy free diet being provided in accordance with people's care plans.
- We saw people being asked for feedback about their meals. People told us they enjoyed the food. One relative said, "The food looks and smells pretty good, best of all it's cooked in their own kitchen. There always seems to have coffee on offer, and biscuits. [Relative] does have lunch but staff have to sit with [the relative] to help. [Relative] seems to struggle to make decisions so choosing food is a challenge but staff have a good inkling of what [the relative] likes."
- Staff protected people who were at increased risk losing weight by monitoring their food and fluid intake and by monitoring their weights. When needed, staff referred people to external services, for example speech and language therapy or dietician for further support with nutritional needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.

- People had needs assessments in place completed upon their admission. Staff reviewed the assessments regularly to ensure people's changing needs were reflected.
- People's expected outcomes were identified and care and support were reviewed and updated. When people's needs changed, the staff made external referrals to ensure their needs are met.

Staff working with other agencies to provide consistent, effective, timely care

The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.

- Staff worked collaboratively with other services to understand and meet people's needs. For example, with district nurses and community psychiatric nurses.

Supporting people to live healthier lives, access healthcare services and support

People were supported to live healthier lives, access healthcare services and support.

- People experienced positive outcomes regarding their health and wellbeing. Any issues that could affect health and wellbeing were identified and actions were taken to address this. For example, when people were losing weight, appropriate referrals were made to reduce the risk of malnutrition.
- Staff made appropriate and timely referrals to other relevant professionals and services, and acted promptly on their recommendations.

Adapting service, design, decoration to meet people's needs

People's individual needs were met by the adaptation, design and decoration of the premises.

- Most of people's bedrooms were personalised and all people could choose how they wanted to decorate them.
- The bedrooms were small and had no ensuite. People had commodes in their bedrooms and access to a number of toilets, bathrooms and shower rooms on each floor.
- People had access to a garden that had been assessed for risks, and quiet areas to see their visitors.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The provider was working in line with the Mental Capacity Act.

- Staff made sure that people were involved in decisions about their care so that their human and legal rights are upheld. The decisions were clearly recorded in people's care plans.
- Staff understood the concept of mental capacity and were able to assess whether people had the capacity to make particular decisions whenever this was necessary.
- We saw examples of how the staff involved relevant people and professionals when needed, and recorded their actions and assessments when this was appropriate.
- Staff knew what they need to do to make sure decisions were taken in people's best interests and involved

the right professionals when needed.

- The manager was responsible for applying for the Deprivation of Liberty Safeguards for people who needed it and we saw that the application were made for everyone whenever this was required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
People were well supported.

- People were treated with kindness. This was reflected in the feedback from people who use the service and their families. People were consistently positive about the caring attitude of the staff.
- We observed interactions of people and staff and we saw that people were treated with dignity and respect. Their relationships with staff are positive.
- People told us staff had time to listen to them and did not rush them. One relative said, "They [staff] know [relative's] routines, what [relative] likes, what upsets [them] and what calms [them] down. They [staff] never upset [relative] and have a lovely calm way with [them]".

Supporting people to express their views and be involved in making decisions about their care

People were supported to express their views and make decisions about their care.

- People who could communicate were asked about their views and were involved in making decisions about their care and day to day lives.
- When people were unable to communicate, the staff tried to involve their families to explore people's needs and wishes.
- The provider supported people and their relatives with accessing advocacy services when this was required.

Respecting and promoting people's privacy, dignity and independence

People's privacy, dignity and independence were not always respected and promoted.

- We saw staff promoting people's privacy, for example by ensuring they knock on the door before entering their bedrooms and bathrooms.
- We saw that confidential information about people were only accessed on need to know basis and were stored securely.
- People's independence was promoted. Manager told us how one person was encouraged and supported to increase their walking activity and in turn, this increased their independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans which identified their needs, however more detail was required to ensure staff had the guidance on supporting people with their unique needs on the grounds of protected equality characteristics.
- People's backgrounds, needs and preferences were recorded in their care plans and were reviewed regularly.
- People relatives and when required advocates were involved in decisions about people's care and support to make sure that their views are respected and acted upon.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

The provider was meeting the Accessible Information Information.

People's communication needs were understood and supported.

- The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
- People had communication care plans in place that provided staff with guidance on how people can and like to communicate.
- When people did not speak English as their first language, the staff put communication cards in place to help them understand simple words. However, the staff were not always consistent with using the cards.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.

- Staff enabled people to carry out person-centred activities and encouraged them to maintain hobbies and interests. We saw activity planner and spoke to the activities coordinator who had a schedule of varied activities suitable for everyone. During our inspection we saw various activities that people told us they really enjoyed.
- Staff made sure that people could maintain relationships that matter to them, such as family, community

and other social links. Families could visit whenever they wanted to, and the activities coordinator facilitated engagement with the local community. For example, weekly visits from children from the local nursery and people attending a local school to join the school children for lunch. People told us this was a valuable experience. This helped to protect people from the risk of social isolation and loneliness.

- Staff encouraged people to access activities by arranging for external agencies to facilitate them. For example, during our inspection we saw pet therapy delivered by a local service and we were told there is an external entertainment visiting the home regularly.

Improving care quality in response to complaints or concerns

People's concerns and complaints were listened to, responded to and used to improve the quality of care.

- People and their relatives knew how to give feedback about their experiences of care and support.
- The provider had a complaint policy that was followed when complaints were raised.
- People and their family felt confident that if they complained, they will be taken seriously with no repercussions.
- Mostly, people told us they complaints are promptly resolved, apart from reoccurring theme of issues with laundry management. People complained that laundry was not managed consistently and as result some items of clothing were not taken care of properly or gone missing.

End of life care and support

People were supported at the end of their life to have a comfortable, dignified and pain free death.

- People were supported to make decisions about their preferred arrangement following their death, however there was not enough detail to understand people's wishes around their palliative care.
- Staff were aware of how to provide dignified care to people who were receiving end of life care.
- The provider had an end of life policy in place.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was not always consistent. This increased the risk of not delivering high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

The provider had a clear management structure, however monitoring of the quality of care to drive improvements in service delivery required further improvement

The provider understood their responsibilities under the duty of candour.

- Management systems did not always identify and manage risks to the quality of the service. Whilst the provider responded promptly to our feedback, the actions were reactive.
- There were concerns about infection prevention control at the service that were not addressed prior to our inspection. The provider had an action plan to address them.
- Provider did not ensure that all staff completed all the mandatory training and as a result some staff did not complete it in a timely manner. This increased risk of staff working without the required skills and knowledge.
- Staff were not always delegated adequately at meal times which impacted on people's dining experience. This was not identified by the provider prior to our inspection.
- Quality assurance systems did not identify that some people's risk assessment were numerical rather than informative and practical guidance for staff.
- The newly appointed manager applied to register with the CQC and understood the importance and responsibility of their role. They felt supported by their leaders. The manager said, "I feel supported by the provider. I have autonomy but also support when I need it".
- Provider had a good management structure. In absence of the manager there was an experienced deputy manager who was able to support the staff. Managers were able to delegate some of the governance tasks to the team leaders who felt confident in carrying out the tasks.
- Notifications about specific events were sent in line with the legal obligations. The provider and the managers were aware of their legal responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.

- Provider involved people, their family and staff in running of the service. People and their relatives were invited to attend relatives' meetings arranged by the activities coordinator and staff had regular team meetings. Surveys were sent out to the relatives to gain their feedback.

- People, their relatives and staff told us they felt confident in giving feedback, both positive and negative.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

There was a positive and open culture at the service.

The provider had systems to provide person-centred care that achieved good outcomes for people.

- People told us the service was well led. People spoke highly of the deputy manager and the new manager who recently commenced their role in Foylebank Care Home.
- The home had a positive culture that was person-centred and open. The management and staff had good understanding of equality, diversity and human rights, and they promoted safe, high-quality, compassionate care.
- Managers welcomed feedback and could demonstrate what action had been taken in response. For example, when we identified shortfalls during our inspection, they were promptly addressed by the manager.
- Staff and people told us that the management were available and helpful. Staff felt respected and supported and felt their opinions were acted on.

Continuous learning and improving care

The provider had created a learning culture at the service which improved the care people received.

- Quality assurance arrangements were mostly effective in identifying areas of improvement. The new manager had an action plan to address the shortfalls in the quality of the service. At the time of our inspection there were some outstanding actions, however we saw evidence of the manager working their way through the plan, considering the priorities.
- Concerns were investigated in a sensitive and confidential way, and lessons were shared and acted on.

Working in partnership with others

The provider worked in partnership with others.

- The provider was open and worked well with all relevant external stakeholders and agencies. It worked in partnership with key organisations to support care provision, service development and joined-up care. This included the local authority and health and social care services.