

## Foxearth Lodge Nursing Home

# Foxearth Lodge Nursing Home

### Inspection report

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Date of inspection visit: 26 March 2015  
Date of publication: 12/08/2015

### 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 

### Overall summary

Foxearth Lodge nursing Home is registered to care for up to 67 elderly frail people, some of whom may be living with Dementia. There were 55 people living in the service when we inspected on 26 March 2015.

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 2008 and associated Regulations about how the service is run.

People received care that was personalised to them and met their needs and wishes. The atmosphere in the service was friendly and welcoming.

Appropriate recruitment checks on staff were carried out and sufficient numbers employed. Staff had the

# Summary of findings

knowledge and skills to meet people's needs. People were safe and treated with kindness by the staff. Staff respected people's privacy and dignity and interacted with people in a caring and compassionate manner.

Staff listened to people and acted on what they said. Staff knew how to recognise and respond to abuse correctly. People were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Staff understood how to minimise risks and provide people with safe care. Care and support was individual and based on the assessed needs of each person. Appropriate arrangements were in place to provide people with their medicines safely.

Staff were well trained and supported through regular supervision and appraisal.

People were encouraged to attend appointments with other healthcare professionals to maintain their health and well-being.

People were encouraged to pursue their hobbies and interests and participated in a variety of personalised meaningful activities.

People voiced their opinions and had their care needs provided for in the way they wanted. Where they lacked capacity, appropriate actions had been taken to ensure decisions were made in the person's best interests. People knew how to make a complaint and any concerns were acted on promptly and appropriately.

People were provided with a variety of meals and supported to eat and drink sufficiently. People enjoyed the food and were encouraged to be as independent as possible but where additional support was needed this was provided in a caring, respectful manner.

There was an open and transparent culture in the service. Staff were aware of the values of the service and understood their roles and responsibilities. The manager and provider planned, assessed and monitored the quality of care consistently. Systems were in place that encouraged feedback from people who used the service, relatives, and visiting professionals and this was used to make continual improvements to the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff displayed a good understanding of the different types of abuse and had received training in how to recognise abuse and keep people safe from harm.

The service identified risk, and took proactive action to manage risks to people.

The registered provider had systems in place to manage risks and for the safe handling of medicines.

There were sufficient numbers of staff, with the right competencies and skills available to meet the needs of the people who used the service.

Good



### Is the service effective?

The service was effective.

Staff had a good knowledge of people's needs, and of the plans in place to support people.

Staff were supported to meet the needs of the people who used the service

The Deprivation of Liberty Safeguards (DoLS) were understood by staff.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Good



### Is the service caring?

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

Staff provided encouragement and reassurance to people as they delivered care.

People were encouraged to be involved in decisions about their care and felt they were listened to.

Good



### Is the service responsive?

The service was responsive.

People's wellbeing and social inclusion was planned and delivered to ensure their social needs were being met.

People's care was planned and delivered in a way which was intended to ensure they received personalised care.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Good



# Foxearth Lodge Nursing Home

## 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.

This inspection took place on 26 March 2015 and was unannounced. The inspection was carried by two inspectors.

We spoke with eight people who used the service. We spoke with two relatives who were visiting their family

member. We also spoke with one visiting health care professional. We spoke with the registered manager, two nurses and three care staff. We looked at records relating to the management of the service, recruitment, the training plan, and systems for monitoring the quality of the service.

We tracked the care and support of four people which included looking at their plans of care. We looked at staff recruitment and training records. We looked at records in relation to the maintenance of the environment and quality monitoring audits.

We looked at information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that providers must tell us about.

# Is the service safe?

## Our findings

People told us that they felt safe living in the service. One person said, “I feel absolutely safe here, I know the staff will look after me if I need help.” Another person commented, “Yes, very safe.” One person’s relative also told us that they felt that their relative was safe.

Staff understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. They were able to explain various types of abuse and knew how to report concerns. They told us that they were aware of the home’s whistleblowing policy and would have no hesitation in reporting any concerns of abuse. Records showed that staff had received training in safeguarding adults from abuse which was regularly updated.

The manager told us, and we saw records which confirmed that, they had worked with the local authority safeguarding team when there had been safeguarding concerns to make sure that people were safe. We spoke with a local safeguarding social worker who told us, “The manager at Foxearth always ensures any concerns are thoroughly investigated. I have no concerns about the way they manage safeguarding issues.”

Staff were attentive and checked that people were safe. For example, one person was walking in the communal area with their walking frame and staff moved the chairs out of their way to ensure that they had a clear path and this minimised the risks of them falling.

Risks to people injuring themselves or others were limited because the environment was adapted to be fully accessible to people with severely reduced mobility and included specialist mobility equipment such as a range of different hoists and assisted baths. We saw paperwork which demonstrated that suitably qualified professionals had tested the hoisting systems for safety.

The electrical appliances at the home had been tested for safety within the last year, as had the lifts, laundry equipment, fire alarm systems and all fire prevention equipment such as extinguishers and emergency lighting systems. Records showed that the water systems had been routinely tested in an attempt to prevent the risk of waterborne diseases. This demonstrated that the provider had taken steps to provide care in a safe environment that was appropriately maintained.

People’s care records included risk assessments which identified how the risks in their daily living, including using mobility equipment, accidents, falls and the risks of pressure ulcers developing, were minimised. Where incidents had happened there were systems in place to reduce the risks of them happening again. The manager told us that there were no people living in the service who had pressure ulcers and that the staff observed and reported any concerns of them developing. The deputy manager had recently worked with a tissue viability nurse to learn more about pressure ulcers and how the risks of these developing were reduced.

Where people required support with behaviours that may be challenging to others or distress reactions associated with dementia, there were care plans and risk assessments in place which guided staff to support people in a consistent way that protected and promoted their safety, dignity and rights.

We spoke with three staff, all of whom reported that there were sufficient staff to meet people’s needs appropriately. We observed many examples throughout the day of staff spending quality time with people on a one to one basis, as well as completing the necessary care tasks. We also examined the rota for the dementia unit and found staffing levels were high, with one nurse in charge, one nursing assistant, five care staff, one coffee and tea server, one activities coordinator and two domestic staff on duty per shift for a unit with 23 people. This showed us that staffing arrangements were in place which met the needs of people using the service.

People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person said, “They are coming with my pain killers in a minute.” This was confirmed by our observations.

We looked at the arrangements for people’s medicines. We observed that they were safely stored in two separate medical rooms, one for each part of the home. Keys to the medication storage facilities were kept safely by the lead nurse. This meant the home kept medicines securely and in an appropriate manner.

We found that staff monitored the storage temperatures of the medication room and the refrigerator on a daily basis. Records indicated they were within the safe storage temperature range. This meant that the service kept

## Is the service safe?

medicines within recommended safe temperatures. Each person had their photograph on an identification sheet in front of their MAR chart. This meant that staff could identify people correctly before giving medicines to them. We also saw accurate and up to date records for the receipt of medicines into the home and the return of medicines to the pharmacy. Bottles had been dated upon opening to ensure amounts of liquid remaining could be checked accurately against administration records. We spot checked the stock of some medicines held against the records. All amounts tallied exactly.

Where medicines were prescribed on an "as required" basis, clear written instructions were in place for staff to follow. This meant that staff knew when "as required" medicines should be given and when they should not. This showed that people were protected by safe systems for the administration of medicines.

# Is the service effective?

## Our findings

People told us that they felt that the staff were competent in their role. One person told us, “They [staff] seem to be very efficient and they know how to talk to people who are a bit deaf like me.” Another person said, “The staff are brilliant, very good at their jobs.”

Each staff member told us how new staff were formally inducted into the home. This began with initial training, followed by a general induction and then shadowing an experienced staff member until they were assessed as competent to form part of the official staff numbers.

We saw detailed training records in place for each staff member. Courses included, but were not limited to, moving and handling, safeguarding vulnerable adults, fire safety and good dementia care. The service had its own internal trainers for manual handling, risk assessing and health & safety. Staff were complimentary of the training and said it was relevant to the work they had to do. Longer serving staff who had worked at the home for several years told us that the refresher training was always interesting and worthwhile. Staff had been encouraged to work through NVQ levels 2 and 3 and many of the staff had achieved these appropriate qualifications. This meant that staff received essential training. The manager confirmed that the home’s training plans were being updated to ensure courses were linked to the new training requirements for care workers, the “care certificate”. Three staff told us that they received regular formal supervision. They also told us that supervision provided them with a forum to discuss the ways that they worked, to receive feedback on their work practice and to review and identify any training needs to improve. The manager told us that they used examples in supervision to develop worker’s knowledge around safeguarding and end of life care, amongst other areas.

At this visit we assessed how the Mental Capacity Act (2005) was being implemented. This is a law that provides a system of assessment and decision making to protect people who do not have capacity to give their consent. We also looked at Deprivation of Liberty Safeguards (DoLS). DoLS aims to make sure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. In the care plans we read we saw that capacity assessments had been completed where it was deemed necessary. Where significant decisions were required in people’s best

interests, meetings had been hosted to consult openly with relevant people prior to decisions being taken. Where people were being necessarily deprived of their liberties the manager was working through submitting the necessary DoLS applications to the local supervisory body. The manager advised us they would complete this task by the following month. The manager was knowledgeable about MCA and had an up to date understanding of DoLS requirements. This meant that the provider acted in accordance with legal requirements.

All of the people we spoke with were complimentary about the food and said there was plenty of it. One person told us, “The food is lovely, like a 4 star hotel not a care home.” Another person told us about how they needed a special diet and was full of praise about the food and how their particular dietary requirements were accommodated.

During lunchtime we saw that people were assisted to eat their lunches in a kind and unobtrusive manner. People were offered choices of where to sit and what to eat. People were offered different sized portions of food as suited them and some people had a beer or a glass of wine as they wished. The atmosphere during lunchtime was calm and pleasant.

We saw incare plans that detailed notes recorded people’s eating and drinking preferences, for instance if a person found specific types of cutlery easier to manipulate. MUST scores were recorded and food and fluid charts were in place where needed. If any person’s food and/or drink intake was causing concern a referral would be made to their GP, with a food intake chart used to provide evidence for the GP. We looked at weight records for four people who were nutritionally at risk and saw that their weights were stable and that additional referrals to health care professionals had been made when needed. The manager also informed us that nutritionists and dieticians had been commissioned to come to the service and train staff specifically in how to fortify meals. This demonstrated that care was taken to ensure that people had the food and drink that they needed to help them keep healthy.

Referrals were promptly made to other social and healthcare professionals when needed. We saw from people’s care plans that health specialists involved in providing care included district nurses, community nurses, physiotherapists, speech therapists and members of the mental health team. A chiropodist visited regularly and opticians were called in when required.



## Is the service effective?

The service employed one nurse who could prescribe certain medications and the manager told us that this was the first example of such practice in Suffolk, and helped the team address people's health needs quickly.

We noted many aspects of the home's environment that were responsive to the needs of people with dementia. There was dementia friendly signage throughout the home to help people identify their bedroom and key locations such as toilets and bathrooms. Corridor walls had been

decorated with reminiscence objects to create a stimulating environment for people. Communal areas were full of interesting objects for people to enjoy and rummage boxes which contained objects of stimulation and interest. People were complimentary about the overall environment provided by the service. One person said, "The environment is lovely and I particularly like looking out of my window at the views of the home's lovely gardens."

# Is the service caring?

## Our findings

We spoke with five people who lived at the home. People were satisfied with the care and support they received. No one raised any concerns with us and several people said they had no complaints. One person said, "I love living here. The staff have so much heart and warmth towards us. They come to help you when you need it at all times of the day and night." Another person said, "I sometimes say to the staff that I shouldn't bother them, but they always tell me that is what they are there for and I must always ask when I need help. I find that reassuring and kind." Another person said, "I'm very content here, the staff are very nice to us and look after us very well. The place is well staffed and there always seems to be plenty of them around."

We were not able to speak with some of the other people due to their communication needs, although we observed the care they received from staff. All of the interactions we saw were appropriate, respectful and friendly. Staff were highly attentive to people's needs and respected people's dignity. A good example that illustrated how staff were attentive about important small things was several staff that were seen offering to turn people's bedroom lights on when the weather turned overcast.

We saw that staff knocked on people's bedroom doors, and waited for a response, prior to entering. The staff also consulted with people about whether it was alright for us to look at their bedrooms. This meant staff had respect for people and their personal space.

Three staff were all able to give good examples of what dignity meant during personal care. For example, knocking on doors, keeping the door closed during personal care and talking people through what you are going to do before starting. We saw privacy and dignity screens that were appropriately in use. Care plans and care records were locked away and staff had a good attitude towards

ensuring that records were not left out on display. When we had finished looking at care records staff locked them away promptly. This meant that care records were kept confidential.

Staff demonstrated caring relationships with people in their conversations and interactions. They used verbal communication which was adapted to the level of understanding of the person. Staff engaged people in social and incidental conversation and complimented them on their achievements. When staff supported people with personal care they were respectful and encouraging. We observed two staff moving someone in a hoist: The staff involved provided verbal reassurance throughout the procedure, causing the person to relax. We observed staff explaining what was happening to people. We observed two staff members support people to eat in bed and noted this was done well with people being told what they were eating and given plenty time and verbal encouragement to eat their food. We noted that staff were rigorous about wiping people's mouths and making sure they were comfortable throughout.

The service has been awarded 'beacon' status by the national gold standards framework for palliative care. The National Gold Standards Framework (GSF) Centre in End of Life Care is the national training and coordinating centre for all GSF programmes, enabling frontline staff to provide a gold standard of care for people nearing the end of life. We saw the report into this assessment which identified the whole team as committed to providing quality end of life care, with a personalised environment, a culture of open communication and a care planning system that ensured all were involved. This was confirmed by the records we saw and comments made by staff, which included one person telling us, "We are committed to providing the best possible end of life care here, and [the manager] is very committed to this."

# Is the service responsive?

## Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person said, “I can make an informal comment and they will take notice.” Another person told us, “They are very responsive to me as an individual. They treat me as I would treat them, with respect and kindness.”

Staff were knowledgeable about people’s specific needs, such as those living with dementia, and how they were provided with personalised care that met their needs. Staff knew about people and their individual likes and dislikes which helped them to provide them with care according to their preferences. Records provided staff with the information that they needed to meet people’s specific needs, including those living with dementia and diabetes. Care plans and risk assessments were regularly reviewed and updated to reflect people’s changing needs and preferences. This included comments people had made about their care in care reviews and observations made by staff of people’s wellbeing. Staff also had information about people’s history, such as their hobbies and interests. These were used to plan activities for people which interested and stimulated them.

People told us they were happy with the social activities provided at the service. One person told us, “Wonderful activities, I like the quizzes.” We saw records which confirmed a wide range of activities were arranged,

including but not limited to, beetle drives, quizzes, visiting musicians, aromatherapy, board games, day trips out and gentle exercise. Church services were held regularly at the service. The service provided support for people to use technology for personal and recreational use through the provision of wireless internet connectivity to people who used the service.

People told us that they could have visitors when they wanted them, this was confirmed our observations. One person told us, “My family can visit at any time.” This told us that people were supported to maintain relationships with the people who were important to them and to minimise isolation.

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. People were asked if they had any complaints and were reminded about the complaints procedure in meetings which were attended by the people who used the service and relatives. We saw the manager speaking with people who used the service and checking that they were happy. Complaints were well documented, acted upon and were used to improve the service. For example, people had asked for a better Wi-Fi signal and the service had arranged for signal boosters to be provided to address this. We saw records of residents meetings with requests, all of which had been met. These included the provision of an additional slip mat, changes to the lists of activities, changes to the times drinks were provided and a request for trips out to a local garden centre.

# Is the service well-led?

## Our findings

People told us the manager was approachable and maintained a visible presence at the service so people could speak with them if they wished to. One person told us, “[The manager] is wonderful...always asking how we are, or if there’s anything they can do to make our stay here more comfortable.”

The home had clear and stable leadership team in place. There was a registered and experienced manager who had been in post a number of years. She held a number of professionally relevant qualifications, including an NVQ level 4 in Care and the registered manager’s award. She was supported by a deputy manager and a number of team leaders. The manager told us that they felt that they were supported in their role by the providers, which helped them implement improvements in the service and continue with plans to improve.

All staff we spoke with stated they would feel confident to approach the manager and the owners if they were concerned about anything. They had full confidence that appropriate action would be taken in these circumstances. Staff all commented they would be happy for members of their own family to be cared for at the home.

People were involved in developing the service and were provided with the opportunity to share their views. The minutes from meetings which were attended by people who used the service and their relatives showed that their views were discussed. The manager told us that they valued people’s comments and kept them updated on improvements they had made as a result. There were also care reviews in place where people and representatives made comments about their individual care.

We spoke with the manager about how they ensured the quality of care was high and the service was continuously developing. The manager told us that they undertook their own research, used Care Quality Commission forums and

attended conferences to keep in touch with practice developments. The manager also told us that the deputy manager, registered nurses and the activities co-ordinator also attended national conferences to keep abreast of developments affecting the care industry.

We saw several guidance documents available to staff in areas related to the service provided to people at Foxearth Lodge, including end of life care, dementia care, nutrition and pressure area care. This showed us that staff had access to information to enable them to develop their skills and knowledge.

Staff told us, and we saw records which confirmed, that they attended regular staff meetings where they could contribute to the running and development of the service. Records confirmed that these meetings took place. Staff understood how and why changes were being made in the service to improve the quality of care provided to people.

The provider’s quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines, pressure ulcers, falls and the safety of the environment. Where shortfalls were identified actions were taken to address them. Records and discussions with the manager showed that incidents, such as falls, complaints and concerns were analysed and monitored. These were used to improve the service and reduce the risks of incidents re-occurring. This helped to make sure that people were safe and protected as far as possible from the risk of harm and the service continued to improve.

The manager told us the service had good links with external agencies. They gave as examples yearly audits undertaken by dieticians, input from the speech and language department regarding people who had difficulty swallowing, good links with a local hospice for people receiving end of life care, regular input from MacMillan nurses and regular contact with the NHS falls assessment team.