

Care Uk Community Partnerships Ltd

Foxbridge House

Inspection report

Sevenoaks Road
Pratts Bottom
Orpington
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Tel: 0333 321 0926

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Overall summary

We carried out an unannounced inspection of this service on 9 and 10 March 2015 at which breaches of legal requirements were found. We took enforcement action and served three warning notices on the provider in respect of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks to people were not always assessed, documented or managed appropriately. We found people were not cared for or supported by staff that were appropriately supported and trained to deliver care and treatment safely and recruitment processes were not safe.

We undertook this focused inspection to check that the provider now met legal requirements. This report only covers our findings in relation to those regulations. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Foxbridge House on our website at www.cqc.org.uk.

Foxbridge House provides residential and nursing care for up to 84 older people. The home is located in Orpington Kent and is a large purpose-built care home. At the time of our inspection there were 56 people living at the home. The provider had temporarily suspended admissions into the home and there was an embargo in place from the local authority.

At this focused inspection on the 24 June 2015 we found that the provider had addressed the breaches of Regulations 12, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and were compliant with the warning notices we served. However the ratings for the service at this inspection remains unchanged as there are other breaches in the key questions Safe and Effective that will be followed up at our next comprehensive inspection of 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?

At this inspection we found action had been taken to improve safety within the service in relation to risk assessments and staff recruitment.

Risks to people were assessed, documented and managed appropriately.

There was safe staff recruitment procedures in operation to ensure people employed by the service were suitable to carry out their roles.

Inadequate



Is the service effective?

At this inspection we found that action had been taken to ensure staff were supported in relation to training, supervision and appraisal.

Staff had received frequent and appropriate support which included supervision, appraisals and training to enable them to carry out their duties they are employed to perform.

Inadequate



Foxbridge House

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 to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook this focused inspection of Foxbridge House on the 24 June 2015. This inspection was completed to check if improvements had been made to meet the legal requirements for three breaches to the regulations we found after our comprehensive inspection on 9 and 10

March 2015. We inspected the service against two of the five questions we ask about services. This is because the service was not meeting legal requirements in relation to these key questions and enforcement action was taken.

The inspection was unannounced and undertaken by three inspectors. Before our inspection we reviewed information we held about the home which included the provider's action plan, which set out the action they would take to meet legal requirements. We also spoke with the local authority commissioning and safeguarding team to obtain their views.

We looked at the care plans and records of eight people living at the home, 12 staff files and records and checked the profiles of 15 agency staff. We spoke with the registered manager and nine members of staff.

Is the service safe?

Our findings

At our last inspection on 9 and 10 March 2015 we found that risks to people were not always assessed, documented or managed appropriately.

People's malnutrition universal screening tools (MUST) showed significant discrepancies between people's height and weight scores which placed them at risk of malnutrition. At this inspection on the 24 June 2015 we saw that people's MUST assessment had been reviewed and were correctly calculated based on people's height and weight measurements. Both paper files and computer based records were correct and reflected people's current needs. This ensured that any risks relating to people's nutritional needs were appropriately assessed and met.

At our previous inspection on 9 and 10 March 2015 we found people's risk assessments did not all contain sufficient guidance for staff to deliver safe care. People's pain was not being assessed in order to ensure it was managed appropriately. We found that a person's wound care plan was not always followed so that the correct care was delivered. The risk of falling was not identified for some people and care plans were not all up to date. At this inspection on the 24 June 2015 we saw people's care plans and risk assessments were up to date and contained clear detailed guidance for staff on how to respond to risks. For example there was detailed guidance for staff on how to prevent the risk of choking and information on how to prepare and use thickening fluids for one person.

At our inspection on the 24 June 2015 pain assessments had now been implemented and were monitored on a daily basis by staff. We saw that where one person experienced pain, medicines to help relieve the pain were administered appropriately. This ensured the person's pain was reduced where possible and was responsive in meeting their needs. We found that correct wound dressings were used in accordance with health professional's recommendations. Photographs of a person's wound had been taken on a regular basis to record any changes in the wound or the treatment they required.

People's care plan's had now been reviewed regularly to reflect changes in their care and treatment. For example we saw how a repositioning chart had been implemented as a result of a recent review of a person's care and noted that

the chart was completed as recommended. We also saw there were recent risk assessments in place which documented the need to use equipment when staff supported the person with mobilising and transfers. We spoke with a member of staff who confirmed that equipment was used to assist the person with mobilising and transferring needs.

At this inspection on the 24 June 2015 we saw the risk of falls was correctly identified and managed. For example one person's care plan was reviewed on a regular basis and had been reviewed recently. We also noted that the person's manual handling risk assessment documented clearly the level of support required by staff to ensure the person's safety when mobilising. We saw that night time checks were implemented and conducted to ensure the person's safety during the night and records we looked at showed they were carried out regularly throughout the night. We looked at the records for accidents and incidents and checked to see if the person had suffered from further falls. We noted in May 2015 that the person had suffered from a fall which resulted in no injuries sustained and saw that the accident had been reported and recorded appropriately to ensure the person's health and well-being.

The provider had made improvements in relation to assessing, documenting and reviewing risks to people using the service and was now meeting this legal requirement.

At our last inspection on the 9 and 10 March 2015 we found that the provider did not operate effective staff recruitment procedures to ensure the health, safety and welfare of people using the service. For example the service did not verify agency staff's qualifications, identification and criminal records checks prior to them working at the home and there were no induction processes in place for agency staff to ensure that people were cared for and supported by staff who were familiar with or aware of their needs. This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection on the 24 June 2015 the provider had made improvements in the checks they made when recruiting staff. The registered manager was now responsible for managing the booking and checking of agency staff. They told us that previously there were no processes in place to manage this safely. We were shown

Is the service safe?

records of agency staff which were kept in a dedicated folder. These records included the profiles of agency nurses and care workers and we looked at the profiles for 15 members of staff.

The registered manager checked all qualified staff and verified their registration and qualifications to ensure these were up to date and current. The registered manager explained to us the process in place in the event that the home needed to request an agency nurse at short notice for night duty. They told us the agency had facilities in place that enable them to send through a profile of workers out of hours if the worker had not been on the premises before and was not familiar with the service.

We saw there were comprehensive profiles for each worker supplied by the agency which included a picture of the person, their work history and training completed. They also included an overview of their suitability or match with the job, for example, good communication skills and team working. We saw how the provider confirmed that people had up to date criminal records checks in place and records included 'last checked' dates to ensure they were kept up to date through asking for this information from the agency. Each agency worker also had a completed induction checklist in relation to the premises and safety procedures. We looked at the records for a volunteer working within the home. We saw their records contained

criminal records checks and included copies of their passport and driving licence for identification purposes. Records also included two character references and a reference from a previous volunteering post they held.

We looked at two recruitment records relating to new members of staff and found evidence of current PIN numbers and references relating to their experience relevant to the position held within the home. In addition, records contained evidence of the right to work in the UK and an occupational health assessment which cleared the person fit for work. We saw a record of the interview notes for each person and one staff member told us "The interview process was very good. The questions I was asked were very relevant and challenging." Another member of staff said "The interview process was very thorough and of a high standard." They also told us they were completing their induction into the service and did not feel pressured to take on full responsibilities within their role until they satisfactory completed their induction.

We found that the provider had addressed the breach of Regulation 12 (1) (2) (a) (b) and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and were now compliant with the warning notices we served. However the rating for this key question at this inspection remains unchanged as there are other breaches in Safe that will be followed up at our next comprehensive inspection of the service.

Is the service effective?

Our findings

At our last inspection on 9 and 10 March 2015 we found that staff did not receive regular up to date training to meet their responsibilities and to enable them to deliver care to people safely and to an appropriate standard. We also found that staff did not receive frequent and appropriate support, supervision and appraisals to enable them to carry out their duties. This was a breach of legal requirements. We took enforcement action and served a warning notice on the provider requiring them to become compliant with the legal requirement.

We undertook this unannounced focused inspection on 24 June 2015 to check that the improvements required following our enforcement action had been implemented.

At our last inspection on the 9 and 10 March 2015 we found that staff training had a below 50% completion rate and that staff did not receive regular training to enable them to deliver care to people safely and to an appropriate standard. At this inspection on the 24 June 2015 we looked at the training matrix and found training rates had improved. For example 84% of staff had completed safeguarding training, infection control training had been completed by 85 % of staff; manual handling training had been completed by 87% of staff and fire safety by 80% of staff. The registered manager told us there had been recent training for first aiders at work but the first aid signs on each floor of the home required updating. Following the inspection they told us this had now been completed. Staff who were new to the service were in the process of completing the training programme. Where staff failed to complete their training within time scales required, the registered manager showed us a letter that was sent out to staff which gave a further deadline for completion and explained if this was not met there could be disciplinary action taken.

We spoke with six staff members including a nurse, a team leader and a senior. They all confirmed they had received recent training across a range of areas such as safeguarding adults and mental capacity act training. They were able to describe possible signs of abuse and what to do if they had any concerns. They were also aware of the need to seek people's consent before they supported them and how to establish if someone had capacity to make a decision.

At our last inspection on the 9 and 10 March 2015 we found staff did not receive regular appraisals. Staff confirmed that they had not had an appraisal of their performance despite working at the service for more than 12 months. At this inspection on the 24 June 2015 we spoke with the operations manager who told us they were completing annual appraisals for staff. At the time of our inspection they had completed five and had written to other staff whose appraisals were outstanding to confirm their appraisal dates. The registered manager confirmed they anticipated completing all outstanding appraisals by the beginning of September 2015. We spoke with two staff members who confirmed they had their annual appraisal.

At our last inspection on the 9 and 10 March 2015 we found staff did not receive regular supervision in line with the provider's policy. At this inspection on the 24 June 2015 we found staff were receiving supervision. We looked at 12 staff files, five of which were the same as those at our last inspection. We saw for all but one staff member there were detailed supervision records which showed that staff had received supervision at approximately two monthly intervals. We were told the staff member that had no supervision record had received supervision but the record had not been filed. We were unable to confirm this at the inspection as the staff member and supervisor were not present at the inspection. However the manager contacted us following the inspection to advise there was now a supervision record on the staff members file. Staff told us they had received regular supervision since the last inspection and found this helpful and supportive.

A new induction booklet was now in place to check new staff understood all the requirements of their roles. The registered manager told us that medicines competencies had all been checked but these were not always in staff records. We found one file where there was no medicines competency on record since 2013. The staff member in question confirmed they had completed this recently although records were not up to date. Following the inspection the registered manager contacted us to tell us that some checks had not been recorded. They had decided to repeat these checks on the week of 29 June 2015 so that there were records on file to confirm the checks had been carried out although we were unable to monitor this at the time of the inspection.

We found that the provider had addressed the breach of Regulation 18 (2) of the Health and Social Care Act 2008

Is the service effective?

(Regulated Activities) Regulations 2014 and were compliant with the warning notice we served. However the rating for this key question at this inspection remains unchanged as there are other breaches in Effective that will be followed up at our next comprehensive inspection of the service.