

Foxby Hill Care Home Limited

# Foxby Hill Care Home

## Inspection report

Foxby Hill  
Gainsborough  
Lincolnshire  
DN21 1PN

Tel: 01427611231  
Website: [www.foxbyhillcarehome.co.uk](http://www.foxbyhillcarehome.co.uk)

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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

### About the service

Foxby Hill Care Home is a care home that accommodates up to 47 people in one adapted building that has been extended. The home is divided into two separate units. On the ground floor, up to 27 people live in Warren Lodge, which caters for people with a range of care needs. On the first floor, up to 20 people live in the Bluebell Unit which is reserved for people living with dementia. Foxby Hill Care Home was providing personal care to 47 people at the time of the inspection.

### People's experience of using this service and what we found

People were protected from harm or injury. Systems for managing risk, incidents, safety of the premises, staff and care practices were used to achieve this.

People experienced an effective service. This was because care was delivered in line with guidance and the law, staff were trained and supervised, and people were supported with their health and dietary needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider encouraged collaborative working with other services and adapted practices accordingly to give people an effective service of care.

People received support from staff who were caring and compassionate. Their needs were met in an anti-discriminatory way. Staff respected people's privacy, dignity, independence and the choices they made.

People experienced responsive and person-centred care. They exercised choice and control of their lives and were satisfied with how concerns or complaints would be addressed. They were involved in the running of the service and experienced sensitive support with end of life care needs.

The provider met the requirements of their registration and worked well in partnership with other agencies, organisations and the local community. People were assured they could receive a good service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at the last inspection

Good (report published 1 December 2016).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## 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 finding below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

# Foxby Hill 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. This inspection was planned to check 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 Care Act 2014.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

Foxby Hill Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at and reviewed information we held about the service, including notifications we had received from the provider. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring and safeguarding teams. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with 12 people who used the service and three relatives. We spoke with the registered manager, a senior care staff member and three care staff. We spoke with one visiting healthcare professional. We looked at a range of documents and records related to people's care and the management of the service. We viewed three people's care records, medication records, five staff recruitment and induction files, training and supervision information and a selection of records used to monitor the quality and safety of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We looked at some documentation we were given by the registered manager.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. They said, "Of course I feel safe living here. Everyone is well cared for" and "Staff make sure we are all safe."
- Systems were in place to manage safeguarding incidents and staff were trained in safeguarding procedures. This was confirmed by conversations with staff and records seen.
- Staff demonstrated knowledge of their safeguarding responsibilities and knew how to refer incidents to the local authority safeguarding team for assessment and possible investigation.

Assessing risk, safety monitoring and management

- People were protected from risk and staff monitored people's support needs.
- People had risk assessments in place for using mobility equipment, leaving the building safely and receiving support. These helped prevent people being harmed and were reviewed monthly or when people's needs changed.
- The premises were safely maintained and documentation supported this fact.
- Where people had money held in safe keeping this was safely managed, recorded and audited.

Staffing and recruitment

- The provider operated a safe recruitment system. Staff were screened for their suitability to work with vulnerable people and security checks were completed before they worked in the service.
- There were enough staff to support people with their needs. People and staffing rotas confirmed this.

Using medicines safely

- There were safe systems for the ordering, storage, recording, administration and disposal of medicines. Medication administration records showed that people had received medicines as prescribed.
- Staff who supported people with medicines received training and checks of their competence.

Preventing and controlling infection

- Staff received guidance about infection prevention and control. They used personal protective equipment when required, such as disposable gloves and aprons.
- Domestic staff were employed and the environment was clean. Bathroom facilities were suitably equipped with items for staff and people's use.
- Laundry facilities were appropriate for use and hygiene practices in the laundry followed good infection control guidelines.

Learning lessons when things go wrong

- Accidents and incidents were recorded. Investigations into each incident were fully completed or reviewed by the registered manager in a timely manner, so that lessons could be learnt.
- Appropriate and responsive action was taken to reduce the risk of recurrence.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs and choices were effectively assessed. This was in line with legislation and best practice to maintain an effective service.
- The provider assessed people's needs prior to admission to ensure they could meet them. They sought information from their families as well as the local authorities who contracted services for people. People said, "Staff know me now and meet my every need" and "It's really good here. The staff are helpful."

Staff support: induction, training, skills and experience

- People's quality of life was good. They said, "I get really good support" and "Whatever I need is brought to me and sorted by the staff."
- Staff received an induction and training to prepare them for their role. They were formally supervised and had their performance assessed. Staff confirmed all this took place.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Staff assessed and monitored people's nutrition and hydration needs. Information about people's dietary requirements and preferences was included in their care plan and was available in the kitchen for catering staff.
- People were offered a choice of meals and the mealtime experience was calm, well organised and seen as a social event. Comments included, "We eat quite well here", "I like almost everything they offer me" and "We get a choice of meals. There is always plenty to eat."
- Specialist support was sourced for anyone who experienced problems with their diet, eating or swallowing. Staff liaised with professionals and monitored people's daily food and fluid needs.
- Staff effectively supported people with their health needs. People had access to health care professionals when required and information about people's health needs was recorded in their care plan.
- A visiting healthcare professional provided positive feedback about the service and told us staff acted on their advice and were knowledgeable about people needs.

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

- People were involved in decisions about the premises and environment. Individuals' preferences around their cultural, religious and social needs were met with introduction of adaptations within the environment. The garden was landscaped to the contour of the hill on which Foxby Hill Care Home was built. The gardens offered secure space for people to walk and meet each other and could be overlooked from the Bluebell unit.



- People had personalised their bedrooms. They occupied communal areas with ease and considered the building as their home.
- The service supported people's independence using technology and equipment, where extra supervision might be needed. Risks in relation to premises and equipment were identified, assessed and well managed.

#### 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 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.

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 Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider assessed people's capacity to make specific decisions and had made DoLS applications where required. We found conditions on people's DoLS were adhered to.
- People confirmed staff asked their views and sought consent before supporting them. We observed people being asked to give consent and make choices and decisions throughout the two inspection days.

# 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.

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; Respecting and promoting people's privacy, dignity and independence.

- We found people were treated well and supported in a respectful way.
- We received positive feedback from people about the caring approach of staff. People said, "Staff are kind, caring and helpful and have been very kind today", "I feel happy living here" and "I get lots of support from staff who are kindness itself."
- We observed staff approach was thoughtful and helpful. Our observations at tea time showed people were treated respectfully. People were interested in what others and staff had to say. Staff checked with people throughout the day about their satisfaction.
- People smiled a lot and were comfortable and confident asking staff for support or speaking with them. They were engaged with the activities taking place.
- People were encouraged to be independent whenever possible, with daily living needs.
- Staff understood their responsibilities to promote people's differences while maintaining the delivery of a service that was equal for all.
- Staff provided examples to demonstrate how they maintained people's dignity when providing them with personal care.

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

- People confirmed staff respected their wishes and views. Staff offered choices and encouraged people to make decisions, such as what they wanted to do or eat and where they wished to spend their time.
- There were daily discussions between people and staff and the provider gave opportunity for people to know what was happening in the service to keep them updated about issues affecting them.
- Relatives confirmed they had been involved in decisions about people's care.
- Some people had advocates or representatives who supported them with decision making, when this was necessary.

# Is the service responsive?

## Our findings

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

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

- The service responded well to meeting people's needs.
- People's support plans were individually developed with information on different aspects of their care. These were kept up to date as people's needs changed.
- People told us staff were responsive to their needs and preferences. They said, "I am well looked after and like it here" and "Staff encourage me to call for support whenever I need it. Staff respond quickly." We observed staff being attentive to people's needs and requests.

Meeting people's communication needs.

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw evidence people's information and communication needs were assessed, identified and well met.
- These needs were recorded in support plans. People had large print, audio and other communication aids if they needed them. Staff understood and adhered to the AIS.

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.

- The provider encouraged good relationships and provided a variety of activities and pastimes to avoid people feeling isolated. Animals played an important part in people's lives, with wild fowl and rabbits in the grounds and a resident cat in the house.
- People's needs for activity, occupation and pastimes were met. They joined in with group and individual activities whenever they wished to. They received visitors whenever they wished and were supported to go out with family members or take part in planned activities and pastimes. An activities coordinator facilitated a planned programme of events and pastimes.

Improving care quality in response to complaints or concerns.

- Complaints were effectively managed and resolved. Systems included a policy, a procedure, records of complaints made to the service and responding to people in writing once an investigation was complete.
- People who used the service told us they knew how to complain if they needed to. They said, "I've no complaints at all" and "I'd just speak with the manager if I was unhappy about anything." Relatives told us they were confident they could speak with the registered manager should they have a problem.

End of life care and support.

- People's end of life care was responsive to their needs. It was sensitive and included healthcare professional's support. People's families had sent cards and letters of thanks for the care their relatives had received at this time.
- Information about people's requirements and preferences was recorded in their support plans, in the form of 'six steps to end of life care' and included their preferred place of care.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 promoted a positive culture and their expected values and behaviours were known and signed-up to by staff. People received person-centred care and support.
- The provider's quality assurance system was consistently operated to identify any shortfalls in the service and make improvements to it.
- The registered manager and staff were committed to acknowledging when the service failed in any way and would apologise to people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager in post managed the service well
- They and the staff were clear about their roles. Delegation for the completion of daily tasks helped with this.
- Quality performance was well-managed. Risks were understood and mitigated.
- The registered manager and staff met the requirements of the provider's registration. They sent us notifications of events that happened in the service in a timely manner. They understood their responsibilities to be open and honest when providing the service.

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

- People and their relatives were appropriately engaged and involved in the running of the service. They completed satisfaction surveys, had opportunities to attend meetings to air their views and had access to the registered manager when they needed it.
- People confirmed they contributed. They said, "I can speak up about things if I wish to" and "We are always asked our views."
- Staff felt well supported by the registered manager and said they got on well together.
- The registered manager and staff gave examples of how people were supported in ways that were anti-discriminatory and considered their equality characteristics. Age was no barrier to people engaging in a fulfilling lifestyle. Religion, culture and race were recognised and encouraged. Disabilities were overcome and disability aids acquired to enable people to lead as normal a life as possible.

Continuous learning and improving care

- Learning about and improving care was a gradual, continuous process within the service.
- The provider and staff learned to make improvements to the service from information they received about their performance and trying out new ways of supporting people.
- The view among staff was there was always room for improvement. They did not wish to stand still. Some of this was channelled through the activities coordinators who looked for new pastimes and occupation for people. Care staff looked to help make people's lives more comfortable and healthier.

Working in partnership with others.

- The provider worked effectively in partnership with other organisations and built links in the community. There were good relationships between people and community members. Staff worked well in partnership with other health and social care professionals.
- Meetings were held and tools such as handover sheets were effectively used to maintain working relationships across the service.