

The Orders Of St. John Care Trust

OSJCT Foxby Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Foxby court is a residential care home providing accommodation and personal care to up to 46 people. The service provides support to older people. At the time of our inspection there were 35 people using the service.

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

The risks to people's safety were not always well managed. This included managing the risks to people's skin integrity and some aspects of people's medicines. Information in people's care plans required improvement along with some areas of cleanliness at the service.

A lack of oversight had impacted on the effectiveness of quality assurance processes at the service, this included the lack of recognition of trends affecting people's skin care, oversight of cleaning, medicines and care plans. This lack of oversight put people at risk of not receiving care to meet their needs.

However there was a new registered manager and head of care at the service who were responsive to the issues we raised with them. The service had a staff group who received appropriate training for their roles and understood their responsibilities in relation to safeguarding people from abuse.

The provider maintained their established staffing levels to meet people's needs and had safe recruitment processes in place.

Staff worked to maintain a person centred approach to people's care and showed good knowledge of people's needs. People were supported in a caring way and the management team worked in an open and inclusive way with people and their relatives.

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.

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

Rating at last inspection

The last rating for this service was Good published 18 December 2017.

Why we inspected

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

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Foxby Court on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to Governance and Safe Care and Treatment at the service. Please see the action we have told the provider to take at the end of this report.

Follow Up

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

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

OSJCT Foxby Court

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 3 inspectors. An expert by experience undertook phone calls for us following our inspection. 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

Foxby Court 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. Foxby Court 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 a registered manager in post.

Notice of inspection

The inspection was unannounced

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 spoke with the local authority contracts team, reviewed the last inspection report for the service and statutory notifications sent to us from the service. We used all this information to plan our inspection.

During the inspection

As part of this inspection we spoke with the registered manager for the service, the area manager, the head of care for the service, 1 senior care worker, 4 members of care staff and 3 members of kitchen staff. We spoke with 5 people living at the service and 2 relatives. We observed people being supported at the service. We reviewed a mix of care records of 6 people, including care plans, risk assessments and monitoring information. We reviewed 6 staff files. Following our visit we spoke with 8 relatives by telephone to gain their views of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

The provider did not always assess risks to ensure people were safe. Staff did not always take action to mitigate any identified risks.

- Where people required repositioning to prevent the risk of skin damage, this was not always recorded as being carried out in line with their assessed needs. Some people's repositioning charts showed at a particular time of day these people went for between 5 and 7 hours without being repositioned. This put them at risk of developing skin damage.
- Information in people's care plans did not always give staff guidance on how to best support them. Some people who had underlying chronic health conditions such as Parkinson's or Epilepsy had no specific care plans about these conditions in their care records. This included information on timed medicines or information on how often people may have seizures.
- Following our visit the registered manager addressed the above issues to ensure information in people's care plans were improved and staff practices were reviewed to ensure people were repositioned in line with their assessed needs.
- However some care plans did have guidance and information on people's care needs and we saw the information had been used to ensure people had appropriate support for their needs. This included the use of appropriate moving and handling equipment or support when eating.

Using medicines safely

People were supported to receive their medicines in a way that was not always safe.

- We found a medicines trolley had been left in the dining room unlocked during our visit. The trolley was left unattended for approximately 5 minutes and there were a number of people in the dining room left unattended, who were mobile, when this incident occurred. We highlighted this to the registered manager who responded by having a discussion with the member of staff and following our visit undertook a lessons learned meeting with staff who administered medicines to reiterate the importance of safe practices when administering medicines.

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.

- Cleaning schedules in the kitchen showed some daily cleaning duties had not been undertaken consistently. There were also some wheel casings on work trolleys in the kitchen which were badly rusted and meant these could not be cleaned effectively. These issues had not been highlighted on the quality audits in place to monitor cleanliness at the service.

The above concerns pose a risk to people's safety at the service and are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse and avoidable harm
People were safeguarded from abuse and avoidable harm.

- People told us they felt safe at the service. There was evidence the registered manager understood their responsibilities in relation to safeguarding people. Any issues of safeguarding raised to them were properly reported and investigated. Staff showed a clear understanding of their responsibilities and had confidence the register manager would take appropriate action to ensure people were kept safe.

Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff.

The provider operated safe recruitment processes.

- Although some members of staff told us they felt there was not always enough staff to support people. The feedback from relatives and people was more positive and they were happy with the way they were supported. We reviewed the duty rosters, the numbers of staff reflected the numbers the provider had established as safe numbers of staff to support people. Staff received appropriate training for their roles and if they needed any extra training they told us this would be provided. The staff files we viewed showed safe recruitment processes were in place.

Visiting in Care Homes

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

Learning lessons when things go wrong

The provider learned lessons when things had gone wrong.

- The registered manager had processes in place to ensure learning from events. These included "in the moment" conversations with staff, supervisions, meetings and discussions at handover meetings.

Is consent to care and treatment always sought in line with legislation 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.

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.

At our last inspection we rated this key question Good. At this inspection the rating has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

The provider did not have a fully supported management structure. The provider's system did not always effectively monitor the quality of care provided to drive improvements.

- Over previous months the service had seen changes in the registered manager and this had influenced the effective use of the quality monitoring processes in place. This had impacted on the oversight of aspects of people's care.
- As reported in the safe section of this report, people were not always repositioned in line with their assessed needs. These trends relating to people's repositioning records had not been highlighted as there was a lack of oversight of people's repositioning charts.
- The lack of information on some aspects of people's care needs in their care plans had either not been recorded or there was a lack of guidance for staff on how to respond to known anxieties. Audits of care plans had not highlighted the concerns we found or if they had been highlighted there was no information to show who would be responsible for taking action to address the lack of information.
- There was information in medicines audits showing topical creams had not been recorded as being administered. Although audits over previous months had highlighted this, again there was no information on how the concerns were being addressed and by who.
- Cleaning schedules had not been signed consistently to show cleaning of areas had been completed. This had not been highlighted in quality monitoring audits and had resulted in the areas of concern not being addressed by the management team.

This lack of oversight put people at risk of not receiving safe care and was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Following our inspection the provider recognised and sent evidence to show they had undertaken actions to address our concerns around governance of the service. Our discussions with the registered manager showed she was continuing to work to improve her oversight of the service.

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 did not always have effective systems to provide person-centred care that achieved good outcomes for people.

- The registered manager and staff worked to support people in the way they wished to be supported. We saw positive interactions between staff and people, and staff felt the registered manager was working in an open way to improve people's care. Relatives we spoke with felt there was a friendly and person-centred culture at the service. One relative said, "They (staff) are good at enabling [name's] independence and allow them to do as much as they can for themselves."
- However, as stated in the safe section of this report, the information in some people's care plans did need further improvement to support staff provide person-centred care for people. One person who could become anxious during personal care did not like staff cajoling them or using humour to encourage them. While this was recorded in their care plan, there was no information on what strategies were effective in supporting the person.

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 understood their responsibilities under the duty of candour.

- The registered manager undertook statutory notifications to CQC about events at the service. One relative told us they had been informed over an incident involving their family member and the registered manager had arranged a meeting for the relative to let them know what they did to support their family member.

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.

- People, relatives and staff were generally positive about the running of the service. Relatives told us they felt involved in their family member's care. One relative said, "The (registered) manager is making a big difference, she is improving the activities, the food is good, the home is beautifully clean and warm, we are satisfied." A member of staff told us, "The manager was working with staff, 'to turn the home around, introduce new residents, refurbish the dining room and improve the look of the home. (They are) Trying to put the home back on the map.'"

Continuous learning and improving care

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

- Staff were supported with continued learning for their roles, undertaking training to improve their knowledge and skills to improve care. This included supporting people with end of life care. The registered manager used the provider's and CQC's online resources to help keep themselves up to date with changes in the adult social care sector so they could maintain good practices at the service.

Working in partnership with others

The provider worked in partnership with others.

- During our inspection we saw health professionals attend the service. They told us the staff and management team worked with them and ensured their guidance was followed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's safety were not always well managed and put people at risk of potential harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring processes in place at the service were not being used to effectively monitor care to maintain high standards of care.