

Healthcare Homes (LSC) Limited

# Foxearth Lodge Nursing Home

## Inspection report

Saxtead  
Woodbridge  
IP13 9QY

Tel: 01728685599  
Website: [www.foxearthlodge.co.uk](http://www.foxearthlodge.co.uk)

Date of inspection visit:  
06 March 2023  
08 March 2023  
20 March 2023

Date of publication:  
28 March 2023

## 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

Foxearth Lodge Nursing Home is a residential care and nursing home, providing personal and nursing care to older people. There were 65 people living at the service at the time of our inspection, but they can support up to 67 people. The service has two units, Woodlands, for people living with dementia and Foxearth Barns which provides care and nursing care.

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

The service had enough staff to keep people safe.

Staff understood their safeguarding responsibilities and how to protect people from poor care and abuse. Care staff were recruited safely.

Staff assessed risks people might face and took steps to reduce the likelihood of harm. The environment was well maintained, and systems were in place to check equipment to ensure it was safe.

Staff supported people to take their medicines safely and as prescribed.

Relatives told us that they were made feel very welcome when they visited their family members.

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.

People's care plans were detailed and informative and reflected their needs. Relatives had not been actively involved in care reviews and some told us that communication could be improved but this had already been identified and there were plans to address this.

Staff enabled people to access health and social care support. They supported people to eat and drink in line with their preferences. We have made a recommendation about the deployment of staff at mealtimes.

Drinks and snacks were provided in the evening, but the registered manager agreed to review this to ensure that people had access and take up was being recorded.

People felt able to raise concerns and were confident they would be listened to and action taken. People had access to a range of activities and social opportunities.

The provider had a range of systems in place to ascertain the views of people, relatives and staff. This included resident meetings and satisfaction surveys.

Regular audits were undertaken, and the provider reviewed data relating to quality indicators such as falls, incidents, complaints and safeguarding matters.

Feedback from relatives, people using the service and staff was the service was well managed and the registered manager was approachable and helpful.

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 last inspection

There has been a change of provider at this service. The new provider was registered with us on 31 January 2022, and this is the first inspection since the change in ownership.

#### Why we inspected

We undertook this inspection as there had been a change in ownership of the service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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 well-led.

Details are in our well-led findings below.

Good ●

# Foxearth Lodge Nursing 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 2 inspectors, and an Expert by Experience who made telephone calls to people. 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

Foxearth Lodge Nursing Home 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority. 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 used all this information to plan our inspection.

During the inspection

The service had a COVID outbreak, and the site visits were undertaken over two days. Some documentation was reviewed remotely.

We spoke with three people who used the service and 15 relatives. We spoke with 12 members of staff including the registered manager, care and nursing staff. We reviewed the care records for three people who used the service and the medicines administration records for 3 People. We observed the care and support provided and the environment was also assessed for safety, cleanliness, and suitability. Governance records were reviewed including 3 staff recruitment files, policies, quality assurance audits, maintenance records, risk assessments and training records.

# 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.

Systems and processes to safeguard people from the risk of abuse

- The registered manager was clear about their responsibilities to report concerns and had made appropriate referrals to the Local authority, where concerns had been identified.
- Staff had received training in safeguarding and, through discussions, were able to demonstrate they understood their responsibilities in relation to helping to protect, identify and report any safeguarding concerns they may have. They told us they were confident that safeguarding concerns would be managed appropriately by the management team.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been identified and steps taken to mitigate and reduce risk.
- Records assessed confirmed that risks to people had been identified and mitigated. For example, where people had specific health conditions, care plans and risk assessments were in place to manage these. We saw that they had worked with other professionals such as the tissue viability nurse to manage risk.
  - Relatives gave us examples of how the service responded to deteriorating health in their family members as well as incidents such as falls. They told us medical professionals had been called and that they were informed of incidents. We saw that crash mats were in place where people were at risk of falling from bed.
  - Accidents and incidents were assessed, and actions taken to reduce the risk of reoccurrence. Monthly analysis was undertaken to identify patterns and lessons learnt.
  - Appropriate measures were in place to manage the risks associated with the environment. Window restrictors were in place and equipment such as hoists had been serviced and maintained as required. Regular checks were completed on equipment such as syringe drivers and suction machines to ensure that they were ready for use when needed. Monitoring of water temperatures was undertaken to reduce the risk of burns.

Staffing and recruitment

- There were sufficient staff to meet people's needs. On the days of the inspection, we observed call bells were answered promptly and staff were visible and accessible to people.
- The registered manager told us they had recently increased staffing levels. People's needs were regularly reviewed, and staffing levels adjusted. Staff told us that there were sufficient numbers of staff to meet people's needs.
  - We received mixed feedback from relatives about staffing. One told us that their relative had sometimes to wait to be assisted to the toilet, but others told us that there were sufficient staff, one said, "I think it's adequately staffed. I've never felt there's any safety concerns." Another said, "There's always plenty of them about."

- Analysis of call bell response times was undertaken by the registered manager to identify any delays and we saw that these were followed up.
- The service was using a small amount of agency staff but they told us that they had recently recruited to the vacant posts.
- Required pre-employment checks were in place to ensure staff were suitable to work within a care environment. This included the completion of Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were stored safely and at correct temperatures. Records provided guidance to staff as to how people take their medicines.
- The provider used an electronic system to manage the administration of medicines. Clear systems were in place for the administration of as and when required medicines (PRN), which included the reason for administration and outcome.
- Staff authorised to give people their medicines had been trained and assessed as competent.
- We carried out an audit of stock against MAR records and found these tallied in all but one case which the registered nurse identified as an accounting error but agreed to follow up.
- Relatives told us that their family members received their medicines as prescribed. One relative told us, "Medicines are well managed. When I've been there at lunch time, everything seems to be given on time..... Staff are on the ball with any painkillers."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was taking steps to prevent and manage infection outbreaks.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People told us they could see their relatives when they wished, and this was confirmed by relatives.



# 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 for 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.

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

- People's needs were assessed before they moved into the service to ensure the service could meet them.
- Care plans demonstrated that all the needs of people had been assessed including their physical, mental health and social needs. Guidance was provided for staff, in relation to how people wished to receive care.
- Care and support was delivered in line with legislation and best practice, and we saw that nationally recognised risk assessment tools were in place.
- Resident of the day reviews had recently been introduced but not all of the relatives we spoke to were aware of when the reviews were taking place. The registered manager told us that they would review and address this.

Staff support: induction, training, skills and experience

- Staff received an induction when they commenced their role. Records showed that staff had access to a range of training including areas such as moving and handling, infection control and end of life care. While the majority of training was completed via eLearning there was some face to face training.
- The registered manager had oversight of training and there was a training matrix in place highlighting training which was outstanding or where refreshers were needed. We identified some shortfalls in the matrix where training was not up to date, but we received assurances from the registered manager that they had a plan to address this.
- There was a competency framework in place which assessed staffs undertaking of key areas including catheter care and use of equipment such as syringe drivers.
- Staff spoke positively about the training and told us that they were supported to access additional training to develop their skills and knowledge. One member of staff told us, "The training is very good, you have to complete it before starting on the job....We are not allowed to do any moving and handling, only observing until we are deemed competent."
- Most relatives spoke positively about staff skills and experience. One told us how staff supported their relative who had a diagnosis of dementia and can become distressed. "They know to guide [my relative] back to their room and sit them down, so they cool down. And if [my relative] doesn't want to get up in the mornings, staff leave them a while and go back later."

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

- Feedback on the quality of meals was positive and we saw that drinks were placed within reach. People were provided with a choice of main meal and staff showed people the meals to help them make a choice. Staff sat with people and provided support with eating; however, in Woodlands, the specialist dementia unit the delivery of meals could be better organised.

We recommend that the delivery of meals are reviewed to ensure that people receive timely support.

- Records showed that people's nutritional and hydration needs were documented and provided staff with information to help support them. An additional supper trolley, with hot drinks and sandwiches had been introduced between 7 and 8pm in the evening but staff were not always recording that this had been offered. The registered manager agreed to review and follow up.
- Where people required additional support, referrals were made to the Speech and Language team, (SALT) for a review and nutritional supplements provided if required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Relatives told us, and records showed, that the service worked in collaboration with other health and social care professionals to ensure people's health and social care needs were met.
- For example, we saw specialists such as Speech and Language Therapists (SALT), GPs and the Tissue Viability Nurse had regular input as required.
- People had access to the optician and chiropodist, but the service had not been able to access a domiciliary service for routine dental care. Oral health care plans were place, and staff were recording that they were supporting people. Some relatives expressed concerns about the delivery of oral care and the registered manager agreed to undertake additional monitoring.

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

- The home was clean, comfortable and generally well maintained. We did identify some worn and damaged flooring, but this was replaced during the inspection.
- People had access to a range of areas to socialise with friends and family. There were points of reference throughout the service to assist people to familiarise themselves with the home, particularly for those people living with dementia or sensory support needs.
- People's bedrooms were personalised, and they were able to bring items of importance when they moved in, to make their rooms feel homely.
- There was an ongoing programme of development and an improvement plan in place regarding the upgrading of the environment.

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 when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

- Care plans recorded people's preferences and staff understood the importance of gaining consent from people. Staff received training on the MCA to ensure that the support they provided promoted people's choice and control.

# 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 and their relatives spoke warmly of staff, one relative told us, "I can do nothing but praise the staff as they have so much patience." Another said, "It's a really nice environment, always warm and cosy. The staff are always smiley."
- Staff spoke to people in a kind and respectful way, we observed a member of staff taking time to explain to a person about their medicines. They sat beside them and talked to them about what they were for. Another member of staff was observed waking a person up by gently stroking them, when they brought them their meal.
- Records included detailed information about people's likes and dislikes. Where people were living with dementia, information was included about their lives before moving to Foxearth nursing home and what was important to them.

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

- Relative meetings were held at regular intervals and one person told us about them, "We can voice our views and ask any questions or moan if you want to." A board entitled, you said we did, was on display, and this listed some of the actions the provider had taken in response to feedback. This included improving lighting and highlighting the names of staff on duty.
- Staff told us that they were proud to work for a multicultural and diverse workforce but there were sometimes issues with communication. They told us that the registered manager was aware of this and was offering support to staff with communication including the provision of English language classes.

Respecting and promoting people's privacy, dignity and independence

- We observed people's privacy being respected and staff knocked on people's doors and made sure that the door was closed when assisting people.
- People told us that staff were alert to issues regarding privacy and dignity when they were using the shower or in the bathroom. They told us that they were enabled to be as independent as they could be. Equipment including specialist cutlery was provided to ensure that people could be as independent as possible when eating.

# 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 a care plan which was personalised and informative, outlining people's needs and preferences, including the gender of staff they preferred to support them. Clear guidance was provided to staff on how to support people who become anxious and the steps that staff should take to alleviate any distress.
- Staff maintained daily records which outlined the support that they provided to enable ongoing monitoring of people's needs. Food intake charts were maintained, and regular weights undertaken.
- Staff we spoke with knew people well and what was important to them.
- Handover meetings were held when staff changed and daily meetings were held to ensure key information was handed over.
- People told us that they received the support they needed, including regular showers and support with personal care. Whilst most relatives were positive about the care, some concerns were raised with us, and these were discussed with the registered manager who told us that they planned to involve relatives more in the care planning and review process to ensure that any issues are addressed promptly. Some care reviews meetings had already taken place, and more were planned over the next few months.
- Resident of the day reviews were also being undertaken which involved people using the service. Moving forward the registered manager told us that where appropriate, they were also planning to involve relatives in this process.

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.

- Peoples communication needs were assessed as part of the initial assessment. Care plans outlined how to support people with their communication needs.

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 activities programme was on display. Care plans documented what people enjoyed and people were supported to take part in activities of their choosing. We observed some people, listening to music, others undertaking crafts and some accessing the external spaces. Two people told us how much pleasure they got from being able to do gardening in the grounds.

- Feedback on the quality of the activities provision was positive. One relative told us, "I really like the range of activities going on and relatives are welcome to join in at any time."
- One member of staff told us, how they are encouraged to participate in activities with people and described how the registered manager had found out that one resident liked darts and they had purchased a board for them to use and set up matches on the laptop for them to watch. They said, "I feel the management team really focus on person centred care."

#### Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and expressed confidence that any concerns would be addressed. One relative told us that they had raised an issue with the registered manager, who responded quickly and apologised.
- Records showed that any issues or concerns were taken seriously and acted on.

#### End of life care and support

- Care plans recorded people's end of life wishes, and the service worked with allied health professionals to promote people's wellbeing and ensure that they received the support they needed.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- This inspection was undertaken after Foxearth nursing home was taken over by a new provider. Staff told us that the transition to the new ownership had worked well. People told us they would recommend the service. One said that while it was not perfect it was still good and met their needs.
- Relatives were generally positive about the service, but some raised a number of inconsistencies in the care provided to their family member. However, they had confidence in the registered manager and the changes they were making. One told us "Meeting the (registered manager) in the relatives' meetings and being able to express our views has been really helpful to iron out niggles." Another said, "The manager seems very on the ball and very approachable."
- Staff told us they felt supported and valued by the management team and that the manager was visible and approachable. One member of staff told us, "The manager is fantastic at supporting staff...staff meetings are held regularly, and we are always given a fair opportunity to express concerns. [The registered manager] is very approachable and runs a good home. She makes sure the residents are well cared for in every way."
- The provider had a range of governance systems and audits to monitor quality, which were completed by both the registered manager and regional management team. This included unannounced night visits and a review of information about falls, infections, pressure ulcers and skin tears. The registered manager responded positively to the feedback from relatives and people using the service and took immediate steps to address the issues identified and review how these areas were monitored moving forward.
- The registered manager had recently introduced employee of the month and people and staff were encouraged to vote for a member of staff who deserved recognition and had gone over and above what was required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were systems in place to obtain peoples and relatives views, through resident of the day reviews, quality assurance surveys and resident and relatives' meetings. Relatives were mostly kept up to date about developments and changes at the service via emails and newsletters.
- The staff team worked closely with other health care professionals and referrals were made in an appropriate and timely manner.

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; Continuous learning and improving care

- The registered manager understood their regulatory requirements to notify CQC of events which they were required to do so.
- There was an open culture within the service and learning from incidents was shared both within the service and across the providers other services.