Healthcare Homes Group Limited

Foxgrove Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

Foxgrove Residential Home provides accommodation and personal care for up to 24 older people, some living with dementia.

There were 16 people living in the service when we inspected on 7 July 2015. This was an unannounced inspection.

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.

There were procedures and processes in place to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how the risks to people were minimised. There were improvements needed in the ways that risks to people were identified and acted on.

Summary of findings

Staff were trained and supported to meet the needs of the people who used the service. Staff were available when people needed assistance. However, improvements were needed in the staffing in the service to ensure that people are safe and provided with the care that they needed in a timely manner.

People, or their representatives, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions. However, improvements were needed in the ways that staff were provided with guidance in care records about people's specific care needs and how staff were provided with up to date information about people's changing needs. The service was up to date with changes to the law regarding the Deprivation of Liberty Safeguards (DoLS).

There were procedures in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to. There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

Staff had good relationships with people who used the service. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People's nutritional needs were being assessed and met. Where concerns were identified about a person's food intake, or ability to swallow, appropriate referrals had been made for specialist advice and support. A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

There was an open culture in the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed. As a result the quality of the service continued to improve.

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 not consistently safe.

Improvements were needed in how the service ensured people's safety, including staffing, to meet their needs.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond to and report these concerns appropriately.

People were provided with their medicines when they needed them and in a safe manner.

Requires improvement

Is the service effective?
The service was effective.

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.

People and their relatives were involved in making decisions about their care and these were respected.

Good

Is the service responsive?
The service was not consistently responsive.

Improvements were needed in how people's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met.

People's care was assessed and reviewed. Improvements were needed in how these changes were recorded to make sure that staff were provided with the most up to date information about how people's needs were met.

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

Requires improvement

Is the service well-led?
The service was well-led.

Good

Summary of findings

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.

Foxgrove Residential 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 7 July 2015 and was unannounced and was undertaken by two inspectors.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with seven people who used the service and one person's relative. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who may not be able to verbally share their views of the service with us. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with five members of staff, including the provider's quality manager, deputy manager and care, domestic and catering staff. We looked at records relating to the management of the service, staff recruitment and training and systems for monitoring the quality of the service. We also spoke with one health professional following our visit.

Requires improvement

Is the service safe?

Our findings

People told us that they were safe living in the service. One person said, "I am safe when I go into the garden, it is very peaceful."

Staff had received training in safeguarding adults from abuse which was regularly updated. Staff understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. They knew how to recognise indicators of abuse and how to report concerns. Records and discussions with a staff member showed that where safeguarding concerns had arose swift action was taken to reduce the risks of similar incidents occurring and to ensure the safety of the people using the service.

People's care records included risk assessments which provided staff with guidance on how the risks in their daily living, including using mobility equipment, accidents and falls, were minimised. People's risk assessments were reviewed and updated when their needs had changed and risks had increased. Where people were at risk of developing pressure ulcers we saw that risk assessments were in place which showed how the risks were reduced.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment, hoists and the lift had been serviced and regularly checked so they were fit for purpose and safe to use. Regular fire safety checks and fire drills were undertaken to reduce the risks to people if there was fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. Checks were undertaken to make sure that call bells were in working order, in case people called for assistance. There were no recorded checks made on pressure mats and pendant alarms, which people wore as they moved around the service. However, a staff member showed us a document and system which had been developed and assured us that these checks would commence immediately.

One person pointed out the lack of a call bell at the ramped access point which meant their relative had to leave them waiting outside whilst they gained access through the main door. There was a room near to the entrance to the service which was not accessed by people who used the service. However, this was used to for storage. This room was not clean and wall surfaces were not wipeable to support good hygiene. For example, used mops were stored next to a wallpapered wall which had resulted in the wall paper peeling off the wall. We pointed this out to a staff member and quality manager and they assured us that this would be addressed. Other areas in the service were clean and hygienic.

Staff checked that people were safe. For example, when people moved around the service using walking aids, the staff spoke with them in an encouraging and reassuring manner and observed that they were able to mobilise safely. However, when we were sitting in the lounge, one person, who had just finished lunch came to the top of the steps which accessed the lounge. A domestic staff member went to them immediately and held their arm to support them down the steps. This person used a walking frame to mobilise and they had left the dining room without their walking frame and a member of staff to ensure that they were safe. This was a risk because the person could have attempted to walk down the steps themselves and the care staff were busy supporting others and had not noticed this person leaving the dining area. The access to the lounge was via steps or a small lift ramp.

People told us that there was enough staff available to meet their needs. One person said, "There seems to be enough." However, one person told us that the change in the shift pattern for staff working nights meant that there could be delays in them receiving support when they wanted it. This was because staff were busy giving people their medicines, and some people required to be supported by two staff.

A staff member told us that there were usually two care staff, a senior staff member working during day shifts and the deputy manager until 4pm. This was confirmed in our observations and the records, there was one extra staff member during our visit who was undertaking shadow shifts as part of their induction. Another staff member was out with a person on a pre-arranged appointment. We talked about the staffing levels and how they were assessed. People's care records held dependency assessments but there was no clear tool used to assess people's dependency needs against the required staffing numbers.

Improvements were needed in the ways that staffing numbers were assessed. This was because five people required the support from two staff members to mobilise and when the senior staff member was administering

Requires improvement

Is the service safe?

medicines there were no staff available to support other people requiring assistance in the service. There were no catering staff working during supper time and supper was served by the care staff. We spoke with the quality manager and the deputy manager about this and they assured us that they would review the staffing.

Records showed that checks were made on new staff before they were allowed to work alone in the service. Which were confirmed by the member of staff. These checks included if prospective staff members were of good character and suitable to work with the people who used 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 confirmed that they always received their medicines as prescribed.

We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff.

Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. However, there were gaps in records of medication that was applied externally, such as creams. We saw records, such as staff meeting minutes which showed that the registered manager had identified this as an issue and had made adjustments to the systems for recording these to enable staff to complete them in a timely manner. Therefore, the registered manager was in the process of developing the systems in place to ensure that people were provided with these medicines appropriately and safely. People's medicines were kept safely but available to people when they were needed.

Good

Is the service effective?

Our findings

People told us that the staff had the skills to meet their needs. One person said, "They tell me that they go on training. I trust them."

Staff told us that they were provided with the training that they needed to meet people's requirements and preferences effectively. The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

We saw that the staff training was effective because staff communicated well with people, such as using reassuring touch and maintaining eye contact with people. Staff supported people to mobilise whilst maintaining their independence effectively and appropriately. Staff were knowledgeable about their work role, people's individual needs, including those living with dementia, and how they were met.

Staff told us that they felt supported in their role and had regular supervision meetings. Records confirmed what we had been told. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people.

People told us that the staff sought their consent and the staff acted in accordance with their wishes. This was confirmed in our observations. We saw that staff sought people's consent before they provided any support or care, such as if they needed assistance with their meal and with their personal care needs.

Staff had a good understanding of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). Records confirmed that staff had received this training. We saw that DoLS referrals had been made to the local authority as required to ensure that any restrictions on people were lawful. There was guidance on DoLS available for staff on the notice board in the office.

Care plans identified people's capacity to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans. Where people did not have the capacity to consent, this was identified in their records and the arrangements for decisions being made in their best interests. We identified that there was unclear information in one person's care records about their ability to make decisions. We told a staff member and the quality manager what we had found and they assured us this would be addressed to make sure the person's level of capacity to make decisions was correct.

All of the people we spoke with told us that they were provided with choices of food and drink and that they were provided with a balanced diet. One person told us that they had enjoyed their breakfast, "It was nice." We saw people enjoying freshly made soup for supper and one person said, "Lovely." Another person remarked, "The food is great here." People we visited in their bedrooms had access to cold drinks and told us they were provided with hot drinks throughout the day. One person pointing to the drinks they had been given said, "I am supposed to drink lots of fluid."

We saw that the meal time was a positive social occasion. Where people needed assistance with their meals this was done by staff in a caring manner.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People's records showed that people's dietary needs were being assessed. Where issues had been identified, such as weight loss, guidance and support had been sought from health professionals, including a dietician.

We spoke with catering staff who were knowledgeable about people's specific and diverse needs relating to their dietary needs. To increase people's calorie intake they made up fortified milkshakes and creams shots for staff to give out. However, they did not have a list, which would have supported them in knowing who required them. Records showed that dietician's advice relating to boosting people's calorie intake was not always acted upon in a consistent manner to encourage weight gain. We pointed this out to a staff member who assured us that this would be addressed.

People said that their health needs were met and where they required the support of healthcare professionals, this was provided.

A staff member told us that they had a nurse practitioner come into the service each week. They said that they had a good relationship with the health professional and they could seek advice and treatment for people at any time. We

Good

Is the service effective?

spoke with the health professional following our inspection who confirmed what the staff member had told us. Records showed that a system was in place to record issues and concerns of people's wellbeing which was provided to the nurse practitioner. This meant that none of the issues identified were missed during these visits and people were provided with the health care support that they needed.

Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. There was also a clinical risk management tool used, which helped the staff identify people who may be at risk with regards to their health. We saw the minutes from a meeting that was held with staff and a member of the Clinical Commissioning Group, who worked as a link with health care providers and the service. In this meeting they planned a way forward for driving improvements in supporting people with their health needs, working in partnership with health care providers and to provide a forum for reporting concerns that the service may identify, such as inappropriate discharge from hospital.

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, “All of them are really kind to me.” Another person described staff as, “Wonderful, helpful, all very caring which is great.”

Staff talked about people in an affectionate and compassionate manner. We saw that the staff treated people in a caring and respectful manner. For example staff made eye contact and listened to what people were saying, and responded accordingly. People responded in a positive manner to staff interaction, including smiling and chatting to them. People were clearly comfortable with the staff.

People told us that they felt staff listened to what they said. People and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for. The minutes from meetings which had been attended by people who used the service showed how their choices were sought, listened to and acted upon.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. One person said, “I only do what I want to….they always knock before they come into my bedroom.”

We saw that staff respected people’s privacy and dignity. For example, staff knocked on bedroom and bathroom doors before entering and ensured bathroom and bedroom doors were closed when people were being assisted with their personal care needs. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way. However, with no separate visitor’s toilet, this meant that visitors to the service had to walk past people’s open bedroom doors to use their communal bathroom facilities. Therefore people’s privacy was not being respected, as they could be seen by visitors. People told us that they preferred to have their door open so they could see, “What is going on.” Prior to our inspection the registered manager told us that there were plans in place to assess the appropriateness of the environment, including the laundry.

People’s records identified the areas of their care that people could attend to independently and how this should be respected. We saw that staff encouraged people’s independence, such as when they moved around the service using walking aids.

Requires improvement

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 commented, "They do everything just how I like it."

Records provided staff with information about how to meet people's needs. However, we noted that there was limited information, if any, on people's life history and hobbies and interests. Improvements were needed in the way that the service reported on how people's specific needs were met and how their condition may affect their wellbeing, for example, those living with dementia or other mental health needs. When we spoke with staff they had a good understanding of people's individual needs and history. We also noted that the care plans were not routinely updated when changes had occurred but these were recorded on the review documents. This meant that staff would have to read through all of these review sheets to find out people's most up to date needs and how they were met.

We saw that staff were responsive to people's individual needs which showed that they knew them well. For example, a staff member collected a person from the dining room after breakfast. They had asked the catering staff what the person had eaten. When they were walking with the person, the person had forgotten what they had eaten. The staff member reminded them what they had and talked with them in an encouraging and supportive manner.

Staff knew about people and their individual likes and dislikes and those living with dementia, and how these needs were met. A staff member provided us with examples of people's individual routines and preferences and how they supported them. This included people's rest periods where they had requested not to be disturbed.

During our visit we saw that staff had limited time to socially interact with people as they were busy meeting people's physical needs. This resulted in people sitting in the lounge for periods of time with no quality interaction from staff and they showed signs of being disengaged, for example in the lounge, we saw a person staring ahead with nothing to occupy their time. Each time a member of staff walked through the lounge to access the garden; the person turned their head towards the member of staff and became more alert. When they were not acknowledged by staff they became disengaged again. However, when a member of staff sat next to them and started talking, we saw how the person's wellbeing was improved by this interaction. The missed opportunities for staff to engage with people meant that people experienced long periods of time without interaction and this could affect their wellbeing.

However, most people told us that there were social events that they could participate in. We saw people participating in a range of activities throughout the day of our visit. This included walking in the garden, exercise, playing hangman, watching Wimbledon on television and buying items, such as toiletries and confectionary, from the weekly in house shop. One person said about the shop, "I can get what I need." Another person told us, "I walk around the garden three times a day," They said that they were looking for the cat that lived in the service, "Lovely and friendly, gets lots of fuss." There was a book of photographs of people undertaking activities, which we looked at with a person. They told us about some of the activities they had enjoyed.

The activities programme was displayed in the service, which included items such as armchair exercise, bus trips out in the community, visiting entertainers and games.

People told us that they could have visitors when they wanted them, this was confirmed by people's relatives and our observations. One person said that their relative was visiting that afternoon and we saw that the staff reminded them of this later in the day when they had forgotten about the planned visit. The person smiled and talked about their relative each time they were reminded which showed that the planned visit enhanced their wellbeing.

People told us that they knew who to speak with if they needed to make a complaint. They said that they felt confident that their comments would be listened to. One person told us that their complaint was not about the service, but about a health service, that staff had been supportive in trying to address the problem.

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. Records showed that complaints were well documented, acted upon and were used to improve the service. For example when a complaint had been

Requires improvement

Is the service responsive?

received about call bells not being answered during handover. Staff meeting minutes showed that staff were told that there should always be staff available during this time.

Good

Is the service well-led?

Our findings

There was an open culture in the service. People and relatives gave positive comments about the management and leadership of the service. People told us that they could speak with the registered manager and staff whenever they wanted to and they felt that their comments were listened to and acted upon. A staff member told us they had, "Never known," of an incident where a person had asked the management team for something and for them, "Not to get it done."

Staff told us that the registered manager was approachable, supportive and listened to what they said. A staff member spoke positively about the, "Very supportive," management team. Staff understood their roles and responsibilities in providing good quality and safe care to people. We saw the minutes from staff meetings where staff were kept updated with any changes in the service and people and were advised on how they should be working to improve the service when shortfalls had been identified. For example, new processes for completing medicines administration forms for creams. These minutes also showed that staff comments were listened to and acted on, such as changing the type of disposable gloves used.

Since our last inspection there had been staff changes in the service including a new registered manager, deputy manager and senior staff. A staff member said that there had been lots of improvements in the service. They understood their role and responsibilities and the provider's ethos for providing a good quality care to people who used the service.

The staff told us there was a planned visit by the director the following week and that they would use this to point out the issues in the environment, such as the storage room, we had identified so consideration could be given on how they were going to be addressed.

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 and falls. Where shortfalls were identified actions were taken to address them. Records and discussions with the registered manager and a staff member showed that incidents, such as falls, were analysed and monitored. These were used to improve the service and reduce the risks of incidents re-occurring. We had previously been told by the local authority that there had been some issues with the food hygiene in the service. We checked on this during this inspection and found that the service had taken swift action to improve and had achieved the highest rating of food hygiene.

People were involved in developing the service and were provided with the opportunity to share their views. Meetings which were attended by people using the service and their relatives were held. The minutes from these meetings showed that people were kept updated with the changes in the service and provided a forum to raise concerns or suggestions. Action plans were in place following these meetings and people were updated to the completion of the actions at the next meeting.

A person's relative told us, following survey feedback, repairs had been made to the car park. Regular satisfaction questionnaires were provided to people and their representatives to complete. We looked at the summary of the last questionnaires received from June 2014. These identified the outcomes of the questionnaires and action plan of how the service planned to address the comments of concern received. For example, some people had said that they did not always feel involved in reviewing their care choices. The service's response was to focus on review and choices when people were 'resident of the day.'