

Healthcare Homes Group Limited

Foxgrove Residential Home

Inspection report

High Road East
Felixstowe
Suffolk
IP11 9PU

Tel: 01394274037

Website: www.healthcarehomes.co.uk

Date of inspection visit:
23 May 2016

Date of publication:
14 June 2016

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

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

There were 18 people living in the service when we inspected on 23 May 2016. 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. Risk assessments provided guidance to staff on how risks to people were minimised. There were appropriate arrangements in place to ensure people's medicines were stored and administered safely.

Staff were available when people needed assistance, care and support. The recruitment of staff was done to make sure that they were suitable to work in the service and people were safe. Staff were trained and supported to meet the needs of the people who used the service.

The service was up to date with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People's nutritional needs were assessed and met. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner. People, or their representatives, were involved in making decisions about their care and support.

People were provided with personalised care and support which was planned to meet their individual needs. People were provided with the opportunity to participate in activities which interested them. 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 and empowering 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 promptly. As a result the quality of the service continued to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were systems in place to minimise risks to people and to keep them safe.

Staff were available to provide assistance to people when needed. The systems for the safe recruitment of staff were robust.

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

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood and referrals were made appropriately.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good ●

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.

Is the service responsive?

Good ●

The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their individual needs were being met.

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

Is the service well-led?

Good ●

The service was well-led.

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 23 May 2016, was unannounced and undertaken by one inspector.

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 eight people who used the service. We used the Short Observational Framework for Inspections (SOFI). This is a specific way of observing care to help us understand the experiences of people. 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 the registered manager and seven members of staff, including the deputy manager, care, administration, activities and catering staff. We also received feedback about the service from a health professional. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us that they were safe living in the service. One person said, "I feel safe." Another person told us how they felt safe in the service because they could use their pendant alarm if they needed assistance. They also told us about how they made sure that they could contact the service if needed when they were independently in the community.

We saw staff ensuring people's safety. For example, when walking with a person from the communal lounge to the dining room, a person said that they were tired. The staff member supported them to rest on a chair and walk in stages. This reduced the risks of the person falling whilst encouraging their independence. Staff were quick to support people to enter the communal lounge, by steps or by the lift, ensuring they were safe.

Staff had received training in safeguarding adults from abuse. There was guidance in the service, available for staff, which identified how they could raise safeguarding concerns to the local authority, who are responsible for investigating concerns of abuse. Where safeguarding issues had been reported, the service had taken appropriate action to reduce the risks of similar incidents happening. For example, taking disciplinary action. Discussions with the registered manager showed that where there had been concerns identified about people's safety, appropriate safeguarding referrals had been made. This showed that there were systems in place to safeguard people who used the service from abuse.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with using mobility equipment, pressure ulcers and in the service and community. The risk assessments were regularly reviewed and updated. When people's needs had changed and risks had increased the risk assessments were also updated. Where people were at risk of developing pressure ulcers records showed that there were systems in place to reduce these risks. This included the use of pressure relieving equipment, repositioning and the administration of prescribed barrier creams. The registered manager told us that there were no people using the service who had any pressure ulcers.

Risks to people injuring themselves or others were limited because equipment, including electrical, hoists and the fire safety system had been serviced and regularly checked so they were fit for purpose and safe to use. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. There was an emergency plan in place which identified the actions that were to be taken if an emergency occurred. Evacuation plans were also in place to people using the service to ensure that they were supported to evacuate the building safely in an emergency. The water system was regularly checked to reduce the risks of legionella bacteria.

Since our last inspection of 7 July 2016, improvements had been made regarding how people could gain access to the service using the ramp. A sign had been placed at the front door advising people to ring the bell if they needed support and staff would come out to assist them. Further improvements had been made in the room near to the entrance which had been decorated which could be cleaned in a more effective way. Cleaning items, including mops, were now stored in an alternative place, therefore this was an improvement

in infection control.

People told us that there was enough staff available to meet their needs. One person said that when they requested assistance using the call bell, "They come pretty quick, I don't have to wait." This was confirmed in our observations. Another person said, "I think there is enough, they [staff] are always around." Staff were attentive to people's needs and requests for assistance were responded to promptly.

Staff told us that there had been improvements made in the staffing since our last inspection. This included the provision of a staff member to assist with supper, freeing care staff up to support people with their personal care needs and an evening staff member to assist during the crossover of day and night staff.

The registered manager told us about how they had assessed the staffing numbers needed against the needs of the people using the service. They had submitted a business plan to the provider about the requirements for the staffing numbers. This showed that the registered manager had taken action to address where people may be at risk of not having enough staff to support them. The registered manager told us that the staff levels were reviewed and planned to utilise staff hours further to improve the care provided to people, for example how laundry in the service was managed.

Records showed that checks were made on new staff before they were allowed to work alone in the service. 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 they were satisfied with the arrangements for their medicines administration. 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. People's medicines were kept safely but available to people when they were needed. Where people were prescribed with medicines that were to be administered when required (PRN), such as pain relief, protocols were in place to guide staff when these should be administered. This meant that systems were in place to reduce the risks of inappropriate use of these medicines. Care plans were in place for people with specific conditions which required medicines, such as those taking warfarin and those living with diabetes. These identified the dosage of the medicines, specific directions and any warning signs of the conditions that staff needed to be aware of. Where people self-administered their medicines risk assessments were in place to identify how risks were minimised to ensure people were taking their medicines appropriately whilst respecting their independence. Since our last inspection there had been improvements in how the application of prescribed creams were recorded. These now showed that people were provided with these medicines when needed and as prescribed.

Is the service effective?

Our findings

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 living in the service. Staff were knowledgeable about their work role, people's individual needs and how they were met. We saw that the staff training in infection control was effective because staff regularly washed their hands and collected disposable gloves and aprons when preparing to support people with their personal care needs.

Staff told us that they were provided with the training that they needed to meet people's requirements and preferences effectively. Records in place identified the training that staff had completed and when they were due to attend updated training. Staff meeting minutes showed that staff were advised of the requirements to ensure that they had completed the required training. One staff member told us how they were working on a qualification relevant to their role.

As well as mandatory training, including safeguarding and moving and handling, staff were provided with training in dementia. One staff member told us their particular interest in dementia care and how they were planning to introduce the things that they had learned into their work practice and share this with their colleagues. Links had been made with a community dementia group and plans were in place to further develop this.

Staff told us that they were supported in their role. Records showed that staff were provided with one to one supervision and staff meetings. 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.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager understood when applications should be made and the requirements relating to MCA and DoLS. They told us how they had made applications, which had not yet been approved, and were keeping these under review to ensure they were up to date. Staff were provided with training in MCA and DoLS.

We saw that staff sought people's consent before they provided any support or care, such as if they wanted to participate in activities, if they needed assistance with their meals and where they wanted to spend their time in the service.

Care plans identified people's capacity to make decisions. Records included information which showed that people and/or their representatives, where appropriate, had consented to the care set out in their care plans. Where people lacked the capacity to make their own decisions, this was identified in their records. The registered manager told us that they had new documentation in place to provide further guidance for staff in care plans about people's capacity which were in the process of being completed.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People told us that they were provided with choices of food and drink and that they were provided with a healthy diet. One person said, "The food is marvellous." Another person commented, "I can always choose what I want."

People were encouraged to eat independently and staff promoted independence where possible. However, where staff identified that they may need assistance this was offered in a caring manner. For example one person was struggling to get their evening meal onto their utensil, a staff member offered an alternative utensil and offered the person help. People ate at their own pace and were not rushed by staff. Staff were patient and encouraged people to eat.

In the communal lounge there was a tray of snacks that people could help themselves to. These snacks included biscuits, crisps and fresh fruit. This meant that people who were hungry or preferred to eat snacks, food was available when they wanted it. There were also jugs of cold drinks available for people in the communal areas and in their bedrooms, for people who chose to spend their time there. There was also a cold water machine in the dining room. This meant that there were drinks available for people to reduce the risks of dehydration.

Staff had a good understanding of people's dietary needs and abilities. A member of the catering staff was knowledgeable about people's specific dietary requirements and how people were supported to maintain a healthy diet. They told us about how they worked with the care staff to ensure people's choices were respected, such as where they wanted to eat their meals and what they wanted to eat. Since our last inspection documentation about people's needs had been provided to the kitchen staff to refer to when needed.

People's records showed that people's dietary needs were assessed and met. Where issues had been identified, such as weight loss and difficulty swallowing, guidance and support had been sought from health professionals, including a dietician, and their advice was acted upon. For example, providing people with food and drinks to supplement their calorie intake.

People's health needs were met and where they required the support of healthcare professionals, this was provided. One person said, "They [staff] will call the doctor in for you if you need to see one."

Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, "The staff treat me well, those two [staff who had been supporting the person] are marvellous, and the others." Another person said, "They [staff] are very kind."

There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships. Staff communicated with people in a caring and respectful manner. They communicated in an effective way by making eye contact with people and listening to what people said. We saw humour used by both people and staff, where appropriate, which showed that people had positive relationships with the staff. For example, one person saw who was on duty and said to a member of staff, "Oh the twins are on." One of the staff they were referring to laughed and spoke with the person about what they had said.

We were speaking with one person in their bedroom and a staff member brought them a cup of tea and biscuits. The person smiled and greeted the staff member, "Hallo [staff member's name]," and they chatted with them. One staff member pointed out to a person that their necklace had the clasp at the front, "Do you want me to put it the right way?" The person agreed, smiled and said, "Oh thank you dear, I did not know." One person was showing signs of anxiety and asked the staff where they were. Staff quickly responded and spoke with the person in a caring and gentle manner and reassured them. This resulted in the person's anxiety being reduced and they then chatted to staff.

Staff respected people's privacy by knocking on bedroom doors before entering. People's privacy was further respected by staff who communicated with people discretely, for example when they had asked for assistance to use the toilet.

Staff talked about people in a caring and respectful way. Staff understood people's specific needs, how they were met. One staff member said, "I love it here, they [people using the service] are lovely."

People's views were listened to what they said and their views were taken into account when their care was planned and reviewed. Records showed that 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. People's records showed the terms of address people preferred and we saw staff addressing them in this way.

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs and that their views were listened to and acted on. One person said, "I am very happy here," they commented on their bedroom and how they got the sun in their bedroom from both the windows, "It is sunny all day, just like me." Another person said, "It is very good here, I get what I need."

Staff were knowledgeable about people's specific needs and how they were provided with personalised care that met their needs. Staff knew about people and their individual likes and dislikes, diverse needs, and how these needs were met. Staff moved around the service to make sure that people were not left with no interaction for long periods of time.

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs. These records provided staff with the information that they needed to meet people's needs. Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. If any changes in people's needs were identified these were included in the records. This showed that people received personalised support that was responsive to their needs.

Since our last inspection of 7 July 2015 improvements had been made in the care records, which now included detailed information about people's life history. This provided staff with knowledge about the person and their life experiences. Information was present regarding people's conditions and how these affected them.

Staff meeting minutes showed that the staff had been advised of how the care provided was to be led by the people who used the service and not the tasks needing to be done. This included the times that people chose to get up in the morning. This showed that the service was responding to people's needs and preferences.

People told us that there were social events that they could participate in, both individual and group activities. People told us about the film club on the weekends, which they enjoyed. One person showed us the DVD of a film they were planning to watch the weekend following our inspection. Another person told us how they valued going out independently in the community.

During our inspection we saw people participating in various activities, including knitting, reading the newspaper and having their hair styled by a visiting hairdresser. When people had had their hair done, staff complimented them on how nice they looked, for example, "Your hair looks lovely," which made people smile. One person did a jigsaw with a staff member. A staff member offered to walk around the garden with a person when they said they wanted some fresh air. They replied that they would love to but were tired, the staff member offered the use of a wheelchair, which was accepted. This showed that staff were responsive to people's needs and abilities and ensuring that they were able to do what they wanted to. The activities programme showed that people had a daily card club. We saw, just before the planned time, a card table had been set up in the lounge. Those who chose to play attended, they told us that they enjoyed this and it

had become a, "Regular thing." We saw that the people playing laughed and chatted with each other which developed the friendships in the service.

The activities programme identified planned activities for the week, including exercise, visiting entertainers, outings in the community and games. We saw the activities staff planning with people a visit to another care service to watch a musical entertainer the day after our visit and a picnic out later in the week. There were photographs of people participating in activities including a, Easter bonnet competition, origami and a visiting ukulele group. The registered manager told us that this resulted in one person buying a ukulele and they were learning to play it. A quarterly newsletter had been introduced which identified previous and planned activities and information about changes in the service and, for example, the Queen's birthday.

The registered manager told us that there was a new activity lead in the service. We spoke with this staff member who told us that they consulted with people who used the service to check what their interests were. Discussions with this staff member and records seen showed that as well as group activities people were provided with one to one time to ensure that all the people in the service were provided with social interaction to reduce the risks of isolation.

People told us that they knew how to make a complaint and that their concerns and complaints were addressed. One person told us about a recent complaint they had made, "I blew my top, but it has all been reported and dealt with." Records seen and discussions with the registered manager confirmed that this had been discussed and a plan moving forward had been agreed to reduce the risks of similar incidents happening again. Another person spoke with us about our inspection, "Did you find anything wrong? Here, if anything goes wrong we just put it right."

There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed. The service's quarterly newsletter and the minutes from resident and relative meetings showed that they were reminded about how they could make a complaint and reassured that the registered manager was available to discuss any concerns or suggestions. Records of complaints showed that they were investigated and responded to in a timely manner.

Is the service well-led?

Our findings

There was an open culture in the service. We saw that the registered manager knew the people who used the service and they responded to them positively. For example by smiling and talking with them.

People were involved in developing the service and were provided with the opportunity to share their views. This included completing satisfactions questionnaires and attending meetings. Minutes to the meetings showed that people's comments were valued and acted upon to improve people's experiences. For example, making changes to the menu following comments made by people.

Staff told us that they felt supported and listened to. One staff member told us how they had recently received positive feedback about their work practice, which they had valued. The registered manager had recently introduced a staff recognition award for when positive feedback had been received from people and visitors to the service. They told us that this was intended to develop staff morale and recognise the good work they had done. Where issues between groups of staff had been identified the registered manager had held a meeting and agreed actions to develop relationships. The following meeting minutes identified that the staff were praised for their positive teamwork.

Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff were provided with the opportunity to share their views about the service in meetings. Staff meeting minutes showed that at the beginning there was time given to reflection following the last meeting and they discussed any improvements. The staff also discussed people's wellbeing and if there were any changes in their care needs. This provided staff with the opportunity to suggest actions that would improve people's wellbeing. For example introducing decaffeinated drinks, which had been implemented. One staff member had organised a charity bicycle ride which developed teamwork. The registered manager told us that they were planning for the service users to attend half way through the ride to cheer the staff on.

The registered manager understood their role and responsibilities and was committed to providing good quality care for the people who used the service. The registered manager had kept updated with changes within the care industry, included with regulation and the new care certificate, which had been introduced for new care staff to complete during their induction. They had kept their knowledge up to date by attending training and conferences. They told us about a recent course they had attended which linked to NICE guidelines and were using this in the development of the service and working with health professionals. The registered manager said that they worked well with a representative of the Clinical Commissioning Group to improve the service and health experiences of the people using the service. This was confirmed by a health professional.

The service's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines, falls, infection control, care records and people's dining experiences. Incidents and accidents were analysed and checked for any trends and patterns. Actions were taken to minimise any risks identified. Where shortfalls were identified actions were taken to address them, for example a recent dining experience audit identified that the menu was not

available in a timely manner. During our inspection we saw that this had been addressed, the menu was provided on a chalk board in the dining room and on a white board in the hallway. The registered manager was committed to ensuring people received good quality care at all times and had plans for ongoing improvements, for example a new medicines room. Memory boxes had been purchased and the plans were for people to fill these with items of their personal memorabilia.

Since our last inspection of 7 July 2015, improvements had been made including redecoration of a bathroom, new furniture in the communal lounge, boxing in pipework to make sure it was safe and submitting a business plan to the provider identifying the need for increased staff numbers. Following our last inspection an action plan had been completed identifying the areas for improvement identified in our report and feedback. This document showed who was responsible for these improvements, the planned date of completion and the date when it had been done. The registered manager said that they were supported in making the improvements and that the provider had been responsive to their suggestions. This showed that the service continued to improve.