







Methodist Homes Foxton Grange

Inspection report

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Ratings

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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Foxton Grange is situated to the north-east of Leicester city. It accommodates up to 36 people living with dementia. When we visited there were 32 people living at the home.

There was a registered manager in post at the time of this unannounced inspection. A registered manager is a

person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People were safe at the home and staff knew what to do if they had any concerns about their welfare. Records showed staff had thought about people's safety and how to reduce risk. They also knew how to protect people under the Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS).

Summary of findings

People told us they felt safe at the home and comfortable with the staff. Relatives said their family members were well-cared for and respected as individuals. Staff worked well with people whose behaviour was, at times, challenging and knew how to comfort and reassure them.

There were enough staff on duty to meet people's needs. Staff had the skills and knowledge they needed to provide effective care. They also had time within their working day to socialise with people and support them with their hobbies and interests.

The food was home-cooked and prepared in the way people wanted it. Staff knew people's likes and dislikes and menus reflected these. People were supported to have a balanced diet and to have plenty to drink. Dieticians were involved if people needed extra help with nutrition and hydration.

People's preferences were central to how their care was provided. They had access to health care professionals when they needed it. Staff took prompt action if there were any concerns about a person's health.

The staff were caring and we saw many examples of staff communicating with people in a kind and sensitive way. Activities were a big part of life in the home and included music and drama therapy, visiting entertainers, trips out, and cookery. One-to-one activities were provided for people who preferred these, including swimming and hand massages.

People were involved in making decisions about their care, treatment and support. Staff knew their personal histories, likes, dislikes, and preferences. This meant staff got to know the people they supported and provide appropriate care. The home welcomed and catered for people from a range of cultural backgrounds.

The manager was friendly and approachable and knew the people who used the service and their relatives well. She listened and acted when people made suggestions about improving the service. The quality of the service was monitored and the people who used the service, relatives, and staff were central to that process.

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 safe. People and their relatives told us they felt safe at the home and trusted the staff.

Staff worked well with people whose behaviour was, at times, challenging.

Staff knew how to protect people who could not always make safe decisions for themselves.

Good



Is the service effective?

The service was effective. Staff were trained in the care of people living with dementia and had a good understanding of their needs and preferences.

People chose what they ate and staff assisted those who needed help with their meals.

People's health care needs were met and they had access to a wide range of health and social care professionals.

Good



Is the service caring?

The service was caring. People got on well with the staff who were kind, warm, and interested in the people they supported.

Activities, both on a group and one-to-one basis, were a big part of life in the home. People went on trips out and also followed their own hobbies and interests inside the home.

People and their relatives were actively involved in making decisions about their care, treatment and support.

Good



Is the service responsive?

The service was responsive. People's individual needs were identified in their plans of care and records showed these were met.

All staff, including ancillary staff, took the time to communicate and interact with the people who used the service.

Concerns and complaints were welcomed and the home was quick to address them and bring about improvements where necessary.

Good



Is the service well-led?

The service was well-led. People told us staff listened to them and acted on their ideas and suggestions.

The manager was experienced, approachable, and supportive. The people who used the service and staff told us they would go to her if they had a problem.

The home used audits to check people were getting good care and to make sure records were in place to demonstrate this.

Good



Foxton Grange

Detailed findings

Background to this inspection

This inspection was carried out by an inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our Expert by Experience for this inspection had experience of services providing care for older people living with dementia.

Prior to the inspection we reviewed the provider's information return. This is information we have asked the provider to send us about the home. We also reviewed the home's statement of purpose and the notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the home. We spoke with nine people living there, six relatives, six care and nursing staff, an activities co-ordinator, the chef, the registered manager, deputy manager, the regional services manager, and assistant services manager.

We observed support being provided and people taking part in group and one-to-one activities. We checked the provider's records relating to all aspects of the service including care, staffing, and quality assurance. We also looked in detail at the records and care of five people living at the home.

Is the service safe?

Our findings

All the people we spoke with who were able to give their views said the home was safe. One person who used the service told us, 'It feels safe here and if anything was wrong I'd speak to carers.' Another commented, "My relatives used to worry about me all the time when I was at home because I kept falling but they don't worry anymore because I'm in here."

Relatives also thought the home was safe. One said, "I can go to bed at night knowing that [my family member's] looked after." Another told us, "The whole family is comfortable with [my family member] being in the home and we can leave the care staff to carry out their caring responsibilities without worrying."

We looked at how the home protected people from bullying, harassment, avoidable harm and abuse that may breach their human rights. The provider's safeguarding (protecting people from abuse) policy told staff what to do if they had concerns about the welfare of any of the people who used the service. Staff were trained in protecting people and understood the signs of abuse and how to report any concerns they might have.

We talked with four staff about safeguarding. All understood their responsibilities and knew what to do if they had concerns about the welfare of any of the people who used the service.

Records showed that when a safeguarding incident occurred the home took appropriate and swift action. Referrals were made to the local authority, ourselves, and other relevant agencies. This meant that health, social care, and other professionals outside the home were alerted if there were concerns about people's well-being and the home did not deal with them on their own.

We looked at people's care records and saw they included appropriate risk assessments. These were reviewed regularly and covered areas of activity both inside the home and out in the wider community. The advice and

guidance in risk assessments was being followed. For example, when people needed one to one assistance at certain times of the day, or particular equipment to keep them safe, this was being provided.

Staff understood their responsibilities under the Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS) and the home's training records showed they had attended courses on this. DoLS applications were made for people who might, for example, try and leave the home, or those who on occasions resisted personal care. These were in place, where necessary, and reviewed by the local DoLS team to ensure they were still in people's best interests. This helped to ensure that people, who on occasions could not make safe decisions for themselves, were protected.

Staff worked well with people whose behaviour was, at times, challenging. We saw them use distraction techniques to guide one person away from another's room, taking them to the dining rooms for a cup of tea and a chat instead. Another person became distressed and began shouting out in one of the lounges. A member of staff was immediately at their side, held their hand and comforted them until their distress subsided. When we looked at these two people's records we saw that in both cases staff had been following the guidance in their plans of care. During our visit there were sufficient numbers of suitable staff on duty to keep people safe and meet their needs. The rota showed the staffing levels we found were consistent with the home's usual staffing levels. A relative said, "There's good staffing levels here and people aren't waiting around for ages for staff to see to them."

People's plans of care and risk assessments made it clear whether they needed one or more members of staff to assist them with various tasks and these were being followed. Observation charts confirmed this. One care worker told us, "We are well-staffed and we need to be because our residents need a lot of support. I am proud of the amount of staff we have and how the owners have maintained this - it makes a massive difference to people's care and the morale of the staff."

Is the service effective?

Our findings

People told us the staff had the skills and knowledge they needed to care effectively for the people who used the service. One relative said, “The staff cope well with people [...] they are calm with them.” Another commented, “[One of the nurses] is exceptional, very on the ball, nothing gets by them and there’s a paper trail for everything they do.”

Records showed staff had a thorough induction and ongoing training. They undertook a wide range of courses in general care and health and safety, and those specific to the service, for example dementia care. These were recorded on the home’s training schedule and updated as necessary.

Staff training was provided online and face to face. The manager told us the provider was developing more face to face training and they felt this was the most effective way for staff to learn. In order to do this they were running ‘train the trainer’ courses where experienced staff learnt to train others. One of these courses, in dementia care, was already up and running in the home when we visited.

Staff told us they were satisfied with the training they received and could request further courses if they needed to. One care worker said, “The training is good. We do a lot of e-learning but we have face to face training for things like moving and handling and challenging behaviour. The challenging behaviour training is excellent because we can also use it to raise any specific problems we might be having working with people.”

The staff we spoke with had a good understanding of the people they supported. When we asked staff about particular people they were able to tell us about their support needs, and also their life stories, likes and dislikes, and families. They were interested in them as people, non-judgemental, and kind. One relative told us, “Every single of member of staff who works here – the cleaners, the carers, the nurses, the managers – they’re all amazing. My [family member] is in very good hands.”

We observed lunch being served in one of the home’s dining areas. Staff assisted those who needed help with their meal. The food served was home-cooked and prepared in the way people wanted it, for example if they were on a soft diet their food was the right consistency for

them. People could choose what they ate either from a pictorial menu or from staff showing them a selection of plated items. Staff said people tended to prefer choosing from the latter as it was easier to see what was on offer.

All the people we spoke said they liked the food. One person told us they thought it was ‘delicious’. A relative said, “The food has improved and it’s fantastic now. My relative is doing very well on it, their weight’s good and their diet’s good.” Another relative commented, “My [family member] loves the food. Before they came here they’d lost weight but since they’ve been here they’ve put it back on again.”

People were supported to have a balanced diet. The chef said the provider had a ‘huge portfolio’ of nutritionally balanced meals to choose from. Suggestions from the people who used the service and relatives were added to this. The chef said there were always alternatives available if someone didn’t like the choices on the menu. The menus and meal records we saw confirmed this, and a relative told us, “The catering staff will cook things to suit the residents.”

People were encouraged to have plenty to drink. During our visit we continually saw people being offered a range of hot and cold drinks. A relative told us this was usual. They said the staff were always aware of how much people were drinking and if people were reluctant to do this they were encouraged to drink more.

Records showed each person had eating and drinking plans showing their likes and dislikes, weight charts, and risk assessments concerning their nutrition and hydration. Food and fluid charts were in place for people who needed their intake closely monitored. When specialist advice was needed staff referred people to dieticians. Suggestions for making food appear more tempting to people were also in plans of care, for example, “[Person’s name] is put off a meal if given a large amount. They like their meal on a small plate in a small portion.”

The home accommodated people with both nursing and non-nursing needs. That meant that some people’s health care needs were met by the nursing staff, and others by community nurses based at two local GP practices. A relative told us, “When my [family member] was ill the staff called out the doctor straight away.”

We looked at the health records of five people who used the service. Each person had a ‘health promotion’ plan of care which set out how they were supported to stay as

Is the service effective?

healthy as possible. For example, one person's said 'likes fresh air, especially if it's warm' and during our visit we saw this person spending time in the gardens supported by staff.

People had access to a wide range of health and social care professionals. These included GPs, dentists, CPNs (community psychiatric nurses), chiropodists,

physiotherapists, consultations, and social workers. Records also showed the home took prompt action if there were concerns about the health of any of the people who used the service. All interactions with health and social care professionals were noted in people's files and plans of care were adjusted as necessary.

Is the service caring?

Our findings

All the people we spoke with said the staff were caring and we saw many examples of staff communicating with people in a kind and sensitive way. One person told us, “I really like the staff. They are lovely and they are always there for us.” Another commented, “The staff have always got time for me. If I want a cup of tea they make me one right away or in a few minutes when they’re free.”

The staff members we met came across as caring people who were committed to improving the lives of the people they supported. One staff member told us, “The best thing about working here is that we get to chance to build relationships with the residents. To me they are family.” Another said of their colleagues, “Every day you see a wonderful interaction – like the maintenance man sitting in the garden talking to one of the chaps. It’s not just the care and nursing staff – it’s everyone.”

Records showed that people’s hobbies and interests were a big part of life in the home. We talked with one of the home’s activity co-ordinators who told us people’s hobbies and interests were identified through their life histories and in discussion with themselves and their families. She said, “It’s all about getting to know your residents and finding out what they like.” People were then encouraged to take part in a range of group and one-to-one activities depending on what they preferred.

Regular activities included musical and drama therapy, visiting entertainers, reminiscence, crafts, cookery, board and floor games, and quizzes. Pets, including miniature ponies, dogs, and a ‘mobile zoo’ were brought into the home for people to see and interact with. Trips out were held every few months. One person told us, “For our last trip we were going to go to Rutland Water but it was raining so it was cancelled it. But we went to a garden centre and for a pub lunch instead and I really enjoyed that.”

One-to-one activities were provided for people who preferred these. They were specific to the person in question and included listening to music, reading newspapers, swimming at a local pool, and hand massages. This helped to ensure that everyone in the home took part in activities that were suitable for them.

People told us they were actively involved in making decisions about their care, treatment and support. One person said, “The staff never tell you what to do. Instead they ask you how you want things done. That’s how it should be.” A relative told us they were always consulted about their family member’s care and treatment. They told us, “I can have a discussion with staff about choice and preferences.” Another relative said staff involved them ‘as a matter of course’.

Another relative told us their family member’s plan of care and treatment that had been developed through consultation with their family over a period of time. They said, “Because the carers are managing their care so well our family member is not getting as distressed as they used to and has settled into Foxton Grange. The carers manage the symptoms of distress before it develops.”

Records showed the people who used the service, and their relatives where applicable, were consulted on all areas their care and treatment. One relative told us, “Yes absolutely they do [consult with relatives]. My family have been involved with our relative’s care plan.” Where appropriate people had signed to say they were in agreement with plans of care and given written consent for things like photography, outings, and access of allied professionals to plans of care.

Staff were trained to respect people’s privacy and dignity, protect their human rights, and provide care that met their needs. These were followed during our visit. Staff were discreet when they provided personal support and assisted people at mealtimes. People’s bedrooms were respected as their own space and the décor and furnishings reflected their individual tastes and interests.

A relative gave us examples of how staff respected their family member’s privacy and dignity when providing support. They said this was the same for all the people who used the service. They told us that staff always talked to people when they were caring for them and encouraged them to be as independent as possible.

Is the service responsive?

Our findings

All the people we spoke with said the care was personalised and responsive to people's needs. A relative told us their family member had complex care and nursing needs. They said staff made sure these were met, and also encouraged the person to socialise and take part in the life of the home.

Another relative thought that all the staff at the home, not just the care and nursing staff, were responsive to people's needs. They said they had just observed a maintenance worker interacting 'in a very patient and calm way' with one of the people who used the service. They also said the continuity in the staff team meant the people who used the service got to know the staff well and this contributed to their well-being.

People's records were personalised and identified their individual needs. Each person had a document called 'My Life Story'. This gave their personal history and included information on their background, family, work, and important life events. It also listed their favourite things including food, drinks, music, books, films, and clothes. It set out their care preferences, for example getting up and going to bed times and whether they preferred a bath or a shower. This helped staff to provide care in the way people wanted it.

The manager told us the home welcomed and catered for people from a range of cultural backgrounds. The staff team was multicultural and spoke a number of different community languages. The home's chaplain provided multifaith religious services and provided spiritual support

to all the people who used the service if they wanted this. Records showed staff accompanied people to local places of worship including churches and temples. This helped to ensure people's cultural needs were met.

All the people we spoke with said they would be happy to speak up if they had any concerns. One relative told us, "If I raise any concerns I am treated with respect and not made to feel like a nuisance."

There was information about how to make a complaint in the home's statement of purpose and service user guide. All the people who used the service and their relatives had been given a copy of this. The manager told us complaints about the home were welcomed and they helped staff improve the service.

We looked at recent examples of how listening to people's views had shaped the service. The manager said that at the latest 'residents and relatives' meeting (these were held every two months) people asked for photos of the staff to be displayed on the wall so they were easier to identify. When we visited this was being addressed with some photos already up on the wall and others waiting to be put up. A relative told us they were pleased with how quickly this had been actioned.

Mealtimes had also been changed at the request of the people who used the service and relatives. Traditionally the main meal of the day had been served a lunch time. This had been moved to the evening as people said they preferred a light lunch and their main meal later in the day. The chef told us this new arrangement was working well and people said they were pleased with the change. These examples showed the manager and staff listened to people's views and took action where necessary to bring about improvements to the service.

Is the service well-led?

Our findings

All the people we spoke with said the home was well-led and person-centred. One relative told us, "You can feel how good this place is when you walk through the door. It's all about the residents here and the staff want what's best for them." Another relative said, "Never mind my family member – I would come in here myself! It's very holistic, a nice size, intimate, feels like a home, and the environment is beautiful."

Staff told us they were happy working at the home. One staff member said, "There's been huge improvements over the last year and it's a great place to work now. The atmosphere is lovely and we all pull together to do the best we can for the residents." Another staff member commented, "This is one of the nicest places I've ever worked. The care is amazing and the residents are lovely. It's privilege to look after them."

The provider used an independent market research company to carry out annual surveys of the views of the people who used the service, relatives, staff, and allied professionals. Questionnaires were available in a number of formats, including a pictorial version, to make them more user-friendly. Results were analysed and changes and improvements made where appropriate.

People told us the manager was friendly and approachable. She knew the people who used the service and their relatives well. During our visit some of them called in to see her for a chat. On all occasions they were greeted warmly and given the time they needed. A staff member told us, "The manager is brilliant with everyone, if you go to her with a problem she sorts it out straight away."

The manager told us the people who used the service, staff, and relatives all contributed to making the home a fun and interesting place to be. She said, "We have a very active and supportive relatives group. This year they've teamed up with our staff and residents to organise fund-raising events including a sponsored bike ride, country and western day, and fete." A relative told us how much their family member had enjoyed being involved in these events. They said, "It's given the residents something to focus on and look forward to."

The manager had an open-door policy and the people who used the service, relatives, and staff could come in and out of her office whenever they wanted, providing confidential work was not being carried out at the time. One of the people who used the service had their own chair and mug in the office and spent most of their time there as they liked the busy atmosphere.

There were arrangements in place to regularly assess and monitor the quality of the service. The manager produced monthly reports on key aspects of the home including pressure area care, falls, and plans of care. These were checked by the home's service manager who visited twice a month and followed-up any areas of concern. For example, if one of the people who used the service had lost weight the service manager checked their records and well-being to ensure appropriate action had been taken.

The home's service manager came to the home during our visit. He explained his role in the home's quality assurance process. When he visited he audited five people's plans of care and observed them during the course of the day to see if their care reflected what had been agreed. He also met with the people who use the service, relatives, and staff to get their views on how the home was performing.

The service manager said that if people were unable to give their views due to illness or disability, he observed staff caring for them. He explained, "I sit with them for half an hour and observe so I can see by the way they express themselves if they are satisfied with the care they're getting. I also get the views of their relatives" This approach helped to ensure that all the people who used the service were involved in the home's quality assurance process.

We looked at the home's records for accidents and incidents. We saw that appropriate action had been taken when these had occurred. The home had notified the relevant authorities where necessary including ourselves and the local authority. They had also contacted relatives promptly. Where appropriate they had carried out an investigation and taken action to reduce the risk of the accident or incident happening again. This demonstrated the home had been proactive in reducing risk.