

Mrs C Ramsey and Mrs J Lubbock

Foxes Moon Residential Home

Inspection report

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16 March 2016

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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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 14 March 2016 and was unannounced. The inspection continued on 16 March.

Our last inspection on 7 and 8 May 2014 found that meal times did not meet the needs of people with dementia and plans to keep people safe when they ate and drank were not being followed. We asked the provider to take action. During this inspection we found that improvements had been made.

The service was registered to provide personal care with accommodation for up to 31 people. The service has 21 en-suite bedrooms some with walk in showers and others with baths. There is also an assisted bath on both the ground and first floor. The service has a large open plan communal lounge and dining area that people are free to use at any time. The dining area overlooks a patio area which leads into a level access garden. The accommodation is over two floors and the first floor can be accessed by stairs or a passenger lift. There was a laundry room, quiet lounge on the first floor and a fully equipped hairdressing area.

The service had not made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them. We were informed by the owner that the registered manager had left the home in October 2015. We had not been notified of this and the registered manager had not submitted an application to cancel their registration. The owner said that the registered manager had told them that this had been done and told us that they will process this and apply to be the registered manager for the service.

Some environmental risk assessments were not in place. We discussed this with the deputy and manager who following the inspection completed a number of these and sent them to us.

Medicines were not always managed safely. On day two of our inspection we arrived and found the medicine trolley left in the communal lounge unattended with the key in it. We spoke to the staff member who told us it was not common practice for them to leave a key in the trolley. We discussed this with the manager and deputy who said this will be looked into.

Medicines were only given by staff that were trained to give medicines. We saw staff waited with a person while they took their medicine and offered a drink. Medicines were signed as given on the Medicine Administration Records (MAR) and were absent from their pharmacy packaging which indicated they had been given as prescribed.

People and relatives told us they felt the service was a safe place to live. Staff were able to tell us how they would recognise signs of abuse and who to report any concerns to. There was also an up-to-date safeguarding policy in place and records showed that staff had received training in this.

Staff and relatives told us they felt there were enough staff in place to deliver care and support to people

who lived there. The manager and deputy both worked care shifts and offered support to staff on a daily basis. Additional staff were provided when people were supported away from the home. Recruitment took place safely.

Staff were knowledgeable of people's needs and received regular training which related to their roles and responsibilities. We reviewed the training records which confirmed that the majority of staff had received training in topics such as moving and handling, safeguarding, food hygiene and medicines. Staff were also supported to complete their diplomas in health and social care. A staff member said, "I am well trained to carry out my role. I have signed up to complete my level three diploma".

Staff were aware of the Mental Capacity Act and told us they had received Mental Capacity training. The training record we reviewed confirmed this. We reviewed capacity assessments and best interest meeting records which clearly identified why decisions were made and the people who were involved for example the GP and relatives. Everyone had a Deprivation of Liberty Safeguards application in process with their local authority.

People and relatives told us they liked the food. People were supported to eat a balanced diet. There were two meat options and one vegetarian option for people to choose from each day. Alternative meals could also be cooked for people on request. Food and fluid intake was recorded for people who required it.

People had access to their GP and a range of health professionals including opticians, audiologists, physiotherapists and specialist health professionals.

A person told us, "Staff are caring and treat me with respect". Staff were polite and treated people in a dignified manner throughout the inspection. If people required support with personal care they were discretely supported back to their room or to the toilet and doors were closed behind them.

Assessments had been completed prior to a person moving into the service. Information had been obtained from the person, family and other professionals and formed the basis for people's care plans. Reviews had regularly taken place. Staff had a good knowledge of people's identified care needs.

Activities took place in the home each day which included quizzes, music and games. We saw on the notice board that owls had visited the home and people had been involved in baking. We saw that hobbies and interests were recorded in people's care files.

People and their families were encouraged to provide feedback. Resident meetings were held and chaired by one of the people living at the service. People were listened too and actions taken if concerns were raised.

The service had an open, positive and transparent culture. Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them.

Quality auditing processes were in place which included infection control, accident incident and medication to name a few. These audits detailed areas and checks which were required and clearly showed findings and action taken or required.

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 sufficient staff available to meet peoples assessed care and support needs.

A key had been left in an unattended medicines trolley door on arrival. This put people at a potential risk of over medicating.

Staff had completed safeguarding training and were able to tell us different forms of abuse, how they would recognise them and who they would report concerns to.

Is the service effective?

Good ●

The service was effective. Staff understood the requirements of the Mental Capacity Act 2005. Capacity assessments and best interest's decisions were recorded.

People were given a good choice of nutritional meals. Food and fluid levels were recorded for people who required this.

People were regularly supported to health care appointments by staff. Best interest meetings have been arranged with the local GP, nurses and Chiropodist.

Is the service caring?

Good ●

The service was caring. People were supported by staff that knew them well and spent time with them.

People were supported to maintain their independence and make choices and decisions with staff support if required.

People were supported by staff who respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive. People were supported by staff that recognised their changing care and support needs.

Activities were available to people every day. Staff had a good knowledge of people and what they enjoyed. People had access

the local community.

People and their families were encouraged to provide feedback.

A complaints procedure was in place. People felt able to raise concerns..

Is the service well-led?

The service was not always well led. We had not been notified that the registered manager had left the service and a new registered manager was not in place.

The service had an open, positive and transparent culture.

Staff had a good understanding of their roles and responsibilities.

Auditing processes were in place which enabled the service to effectively monitor quality standards and safety.

Requires Improvement 

Foxes Moon 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 14 March and was unannounced. The inspection continued on 16 March and was also unannounced. The inspection was carried out by a single inspector.

Before the inspection we looked at the previous inspection report and notifications we had received about the service. We spoke to the local authority contract monitoring team to get information on their experience of the service.

Before the inspection we did not request a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information from the provider during the inspection.

We spoke to four people who lived at the home and two relatives who were visiting people during the inspection. One visiting health professional that had experience of the service provided feedback during our inspection.

We spoke to the Manager and Deputy Manager. We spoke with three staff and the head chef. We reviewed records relating to four people's care. We looked at policies, medication records, emergency plans, risk assessments, health and safety records and management audits of the service. We walked around the building and observed care practice and interaction between care staff and people who live there. We looked at quality surveys which had been carried out, four staff files, the recruitment process, staff meeting notes, training and supervision records.

Is the service safe?

Our findings

At our last inspection on 7 and 8 May 2014 we found that care plans in relation to people's swallowing needs were not always followed which put people at risk of harm. Following the inspection the provider wrote to us and told us that they would make improvements. During this inspection we found that improvements had been made.

Medicines were not always managed safely. On day two of our inspection we arrived and found the medicine trolley left in the communal lounge unattended with the key in it. We spoke to the staff member who told us it was not common practice for them to leave a key in the trolley and that it was human error. We discussed this with the manager and deputy who said this will be looked into.

Medicines were only given by staff that were trained to give medicines. We saw staff waited with a person while they took their medicine and offered a drink. Medicines were signed as given on the Medicine Administration Records (MAR) and were absent from the pharmacy packaging which indicated they had been given as prescribed. We observed a staff member administering medicines on the first floor. They cross checked the MAR sheet against the pharmacy packaging, used clean dispensing pots and locked the medicines cabinet each time they left the room to administer. We reviewed three medicine audits which were completed monthly. These included safe storage and recording checks.

There were some environmental risk assessments that were not in place. We discussed this with the manager and deputy who told us they would address this.

A staff member told us, "A person was admitted to the service on a normal diet but wasn't eating. They are now on a soft diet and eating. They have lost their mobility so we reposition her in bed every two hours. We encourage them to take steps when supported to stand". We saw that these checks took place and that guidelines for staff were in place. This showed is that people with swallowing needs were assessed and guided.

People told us they felt safe at the service. One person said, "I feel safe here, there is a button to press and there's always staff here". Another person told us, "I'm very happy, it's nice here. Very safe carers, I know there are staff around".

A relative said, "My relative is safe here. Staff are helpful if my relative isn't well or a GP has been called the home would contact me". Another relative told us, "My relative is happy and safe here and very well looked after. They have been here for the last two years. It's the best place for them".

A GP said, "There are always staff here when I visit. I feel it is a safe service and a nice home for people to live. I would recommend this home to other people".

People were at reduced risk of harm because staff were able to tell us how they would recognise if someone was being abused. Staff told us that they would raise concerns with senior staff or management. Staff were aware of external agencies they could contact if they had concerns including the local safeguarding team.

and Care Quality Commission (CQC). One staff member told us, "I would look for unexplained bruising or changes in behaviour. I would contact my managers, CQC or local authority. I have never had any concerns working here". We reviewed the staff training record which confirmed staff had received safeguarding training. The safeguarding and whistleblowing policies were comprehensive and up to date.

There was a hoist on both floors in the home. The manager told us these were used regularly to support two people. The service had a mobility hoist audit which was completed monthly which covered condition and servicing dates. In addition to this there was a sling audit which covered the size, type, condition and location of slings used. This showed us that slings in poor condition were taken out of use. This made sure that people and staff were using safe and appropriate equipment.

People had Personal Emergency Evacuation Plans (PEEPs) in place which were up to date and reviewed annually. These plans identified people's capacity and detailed how they should be supported in the event of a fire. These were kept by the fire panel and behind the door in people's rooms. There was an emergency contingency plan in place which covered events such as, fire, floods and loss of utilities for example electric or water. Contact details were provided for suppliers and the management team with guidance for staff to follow.

Accident analysis reports were completed monthly. These collated findings from all incident reports which had been completed. Incident reports captured details which included staff members working, person involved, summary of the accident and body maps to name a few. The accident analysis reflected a detailed summary of events and actions taken to keep people safe.

There were enough staff to meet people's needs. The manager said that they do not use a specific staff dependency tool to assess staffing levels. They told us that they are always around and willing to provide support to staff working when required. We were told that additional staff are always provided if people are supported away from the home and that health professional visits in the service are always led by the manager. The manager said, "If people are assessed to receive 1:1 staff support then we would use pre assessments to understand staffing levels required". A person said, "There is enough staff for me". A relative told us, "I think there are enough staff. There is always staff around. I can't fault the place". A staff member said, "There is enough staff but some days people are off sick. Some days have been short staffed due to this. Don't feel it puts people at risk". Another staff member told us, "I feel there are enough staff. We should have six in the morning, five in the afternoon and four at night. Most of the time numbers are kept". We reviewed the rota and found that it reflected this except at the start of February when there was a mix of three and four night staff. The manager told us that this was due to a staff member leaving and recruitment process delays for the replacement staff. We were told that this person is now in post.

Recruitment was carried out safely. The staff files we reviewed had identification photos, details about recruitment which included application forms, employment history, job offers, job descriptions and contracts. There was a system which included evaluation through interviews and references from previous employment. This included checks from the Disclosure and Barring service (DBS). They also included induction records.

Is the service effective?

Our findings

Our last inspection on 7 and 8 May 2014 found that meal time arrangements were not always tailored to the needs of people with dementia. Following the inspection the provider wrote to us and told us that they would make improvements. During this inspection we found that improvements had been made.

Staff were knowledgeable of people's needs and received regular training which related to their roles and responsibilities. Staff had received training in topics such as safeguarding, moving and handling, first aid, food hygiene and Mental Capacity Act. There was also training specific to people who use the service in topics such as dementia. In addition to this all staff had achieved or were working towards their Diploma in Health and Social Care. The manager said that these range from levels two to five. A staff member told us, "I am receiving enough training. I have recently done moving and handling and safeguarding". Another staff member said, "I am well trained to carry out my role. I have signed up to complete my level three diploma". A relative told us, "Staff know my relative and seem to know what they are doing which tells me they are well trained".

The management supervised care staff every two months and domestic staff every three. Topics discussed included training needs, performance and use of the key lines of enquiry in reflection to the person's roles and responsibilities. We saw that annual appraisals took place. The manager told us they are looking at using a new system next year as the current ones were rather clinical.

We reviewed that one person had three falls in a month. This was assessed and the person was found to have an infection. Antibiotics were prescribed with a note to raise an occupational therapist and falls referral if falls persist. Another staff member said, "One person was quite poorly recently and wasn't eating or drinking much. We networked closely with the GP and family. The person is now doing well with build-up puree diet".

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.

Staff were aware of the MCA and told us they had received Mental Capacity training. The training record we reviewed confirmed this. Staff told us the mental capacity act is in place to assess people's capacity and make sure best interest decisions are made where people may lack capacity. We saw that capacity assessments and best interest decisions were recorded in people's care files.

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 manager told us that everyone had a Deprivation of Liberty application in process with their local authority. We saw that applications had been made.

People and relatives told us the food was good at the home. One person said, "We are well looked after, it's lovely food here". Another person told us, "Great food, well cooked and the type of food I would cook at home. The chef is pleasant". Another person said, "Foods alright, I like everything. I can't grumble". A relative told us, "The food is excellent and we are invited to eat with our relative if we would like to". We saw that people's food and fluid intake was recorded for people who required this.

We observed a lunch time period. People could choose where they wanted to sit and there was a pleasant atmosphere in the dining area. Interactions between staff and people were positive and conversations between people took place at their tables. A staff member asked people if they would like to wear aprons to protect their clothes. We observed people being asked what they wanted from a choice of two dishes and a vegetarian option. We heard people complimenting the food with each other and staff at their table. We observed the chef coming into the dining room and offering people second helpings.

The home had a food hygiene rating of five. The chef was aware of people's diets and had a modified diet list in the kitchen. They showed us that different coloured plates were used so that staff knew which plates were for which person. The chef told us, "Everything is homemade and I believe it should be". The chef took time to meet people and discuss their food options with them, they told us this helped them build relationships with them and understand their food likes and dislikes.

People were supported to maintain good health and had regular access to healthcare services. We saw that health visits from professionals were recorded and that a local nominated GP visits the service monthly for general check-ups. A person told us, "I've seen chiropodists, District Nurses and GPs when needed". A relative said, "Staff had once though my relative was chesty so they called the GP in". Another relative told us, "My relative had a lump and staff supported them to hospital".

Is the service caring?

Our findings

People, relatives and a health professional thought the service was caring. One person said, "Staff are caring and treat me with respect". A relative told us, "Staff are caring, there's no problem. They keep their eye on my relative, keep them clean and their clothes are regularly washed". A GP said, "It's a good service, they care about people here and have regular contact with relatives". Another relative told us, "My relative is looked after well. They were ill about a month ago. They contacted the GP and informed me when I came in to visit".

Staff spent time during their inductions to talk to people and get to know them and build relationships. A staff member said, "I do what's in the persons best interest and build trust". The chef said, "I care about the people here and treat them like I would my own family". Another staff member told us, "I do all I can for people. I build relationships and get to know the family". A relative told us, "My favourite thing about this place is that nothing is too much trouble".

We saw staff and management acknowledging people as they entered the communal areas on several occasions. People seemed comfortable in staff's company and often engaged in conversation. Visitors were made welcome and seemed relaxed with staff and management. Staff sat down with people and spent time talking with them.

Staff told us they give visual and verbal options to people so they could make decisions and choices for example, clothing, drinks and food. A person told us, "I can make choices and decisions. Staff help me if I need it". We observed staff offering people choices on several occasions during our inspection in relation to food, drink and activities.

People's care files recorded key professionals involved in their care, how to support them and medical conditions to name a few. This information supported new and experienced staff to understand important information about how people wanted to be supported.

Staff were polite and treated people in a dignified manner throughout the inspection. If people required support with personal care they were discretely supported back to their room or to the toilet and doors were closed behind them. We saw on several occasion staff knocking on doors before entering people's rooms. A person told us, "Staff will help me dress if I choose it or I dress myself". A staff member said, "I shut people's curtains, doors and private areas during personal care to respect their privacy and dignity". A relative told us, "My relative's privacy and dignity is respected here".

Is the service responsive?

Our findings

The home was responsive to people's changing needs. A person told us, "When I was ill they looked after me. Regular GP visits and updates. They arranged for a nebuliser". A relative said, "The service responds to my relative's changing needs. We have been part of their care planning too". Another relative said, "If we have queries we ask and get an answer".

Care files had completed pre admission assessments which formed the foundation of basic information sheets and care plans. We noted that key areas of care had been identified for each person, these included, physical, dietary, mental health and continence. There were actions detailed under the areas on how staff should support people with their care. Staff knew where people's care plans were located in the home and had read them.

People were involved in a number of different activities. The hairdresser visited the home on our second day and people were given the opportunity to get their hair done. Many took part in this opportunity. An activity coordinator works part time at the home. Activities we observed people participating in included quizzes, memory games, music and nail painting to. We saw on the activities board that people had been baking, a Christmas party had taken place and owls had recently visited the home. A person told us, "When I was ill and not able to go to the lounge they brought an owl to my room so I felt involved".

People told us they enjoyed the activities at the home. A person said, "They entertain us we did a quiz yesterday". A relative told us, "There was a valentine's day party and there is going to be a St Patrick's day one on Thursday". A staff member said, "Some people are supported to the local shops as and when necessary".

Corridors and walk ways around the home were named and themed for example there was travel terrace, holiday row and film star lane which had wall mounted past time pictures along them to stimulate people's memories.

Staff were responsive to people's requests. A staff member told us they sit and talk to people about what they like and feed back to management to record. One person had fed back that they wanted black out curtains. The manager told us these are now being purchased. We reviewed the resident meetings folder and saw that people were invited and involved in regular meetings. These gave people an opportunity to discuss events, raise any issues or feedback any concerns and compliments.

A staff member told us that last year people fed back that they wanted to plant sun flower seeds which they did. A relative told us, "Staff often ask my relative if they are ok or if there is anything they need". They went onto say, "If I have any concerns I know I can see the manager and feel confident that they will respond straight away".

A person told us, "If I had a complaint I would go into the office and see the manager or talk to my relative". A relative told me, "I have not needed to complain. I would see the manager if I needed to". Another relative

said, "The management are helpful and open to listening. If I have something to feedback I will tell them". On admission people and families were given a copy of the homes complaints policy and a copy was displayed in the home. The manager showed us how complaints were logged and recorded. They had said that they hadn't received any formal complaints for a long time. We saw that there was a template in place to capture the nature of the complaint and steps taken to address it. The deputy manager told us they didn't record verbal grumbles they tend to just action them. They told us they will start to record them.

The manager sent out quality questionnaires to people, families and health professionals each year. Information was gathered from these by the management team who created a report and action plan in response to people's feedback. We reviewed the results for 2014/15 and found that they were mostly positive. Three actions had been identified which included a monthly residents meeting. We reviewed the meeting folder and saw that these were being arranged and that the last one had been in February 2016. The manager told us that they had started to use a new annual survey system through which feedback will be gathered by a third party who sends results and updates including people's comments to the service. We saw that so far three people had responded to this one comment read; 'very caring to my relative and myself, very professional'.

Is the service well-led?

Our findings

Our last inspection on 7 and 8 May 2014 found that there was a risk that there might be a delay in staff accessing some care records because they were not stored where care was being delivered. Following the inspection the provider wrote to us and told us that they would make improvements. During this inspection we found that improvements had been made.

The service had not made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them. We were informed by the owner that the registered manager had left the home in October 2015. We had not been notified of this and the registered manager had not submitted an application to cancel their registration. The owner said that the registered manager had told them that this had been done and told us that they will process this and apply to be the registered manager for the service.

We observed a very positive culture between people and staff supporting them. Staff demonstrated a person centred approach to the care and support they were delivering by acknowledging them and talking them through the support they were providing in an empowering way.

The manager encouraged an open working environment, for example we observed on several occasions staff coming up to them or the deputy to discuss matters. We observed the manager and deputy talking with people who use the service.

Relatives and staff told us they felt the home was well managed. One person told us, "The manager is nice and knows me by name". A staff member said, "The management are approachable if I had an issue. I feel an issue would be addressed if I had one". Another staff member told us, "It's a good management team, they always check if ok or ask if need support when short staffed". Another staff member said, "They will do what they can to help. The manager is flexible with my working hours".

We reviewed a number of audits which included infection control, accident incident and medication. These audits detailed areas and checks which were required and clearly showed findings and action taken or required. The deputy manager showed us a new nourishment audit they were introducing and said that they are currently reviewing the care planning audit as a management team.

The manager told us that they have found that staff meetings work better by splitting them into areas as everyone in the teams are more likely to attend. We saw that senior staff and managers met every two months, care staff every three months and domestic staff every four. Topics discussed included a new incident folder, key workers and reviewed policies. This showed us that staff were led by managers who kept them up to date.

The manager told us that they are a member of the Dorset Care Home Association. This is made up of registered managers from services across Dorset who come together and network receive presentations and share learning. The deputy told us, "Networking and professional relationships are really important to us".

The deputy explained they are currently working with the local authority to review the capacity assessments and best interest decision record.