

## Foxholes Nursing Home Limited

# Foxholes Care Home

### 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 ●

# Summary of findings

## Overall summary

### About the service

Foxholes Care Home is a purpose-built residential care home providing personal and nursing care to 65 people at the time of the inspection. The service can support up to 110 people.

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

People were happy with the care and support they received. Staff were friendly and attentive to people's needs. There were enough staff to meet people's needs and they were trained and felt supported.

People felt safe and staff were aware of how to promote people's safety. Regular checks were in place to ensure staff worked in accordance with training and health and safety guidance adhered to.

The environment was pleasant with plenty of communal space for people to enjoy. People enjoyed the activities and there were systems in place to help prevent people becoming isolated. For example, encouraging people to come to the dining room for meals and headphones to help people with hearing impairment feel engaged.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were involved in planning their care and they, along with their relatives, felt listened to. People had end of life care plans in place which helped to ensure they died with dignity. There had been no recent complaints, but people felt confident to make a complaint if needed. Feedback was sought through meetings and surveys.

Feedback about the registered manager and management team was positive. There was an open culture in the home and an expectation that people were treated as family. The quality assurance systems checked to ensure the home was running how it should and people received a good service. Staff were clear about their roles and the management team engaged well with the team and other agencies.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The last rating for this service was Good (published 20 March 2017). At this inspection the service has remained rated as Good.

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Foxholes Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by three inspectors.

#### Service and service type:

Foxholes Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 11 people who used the service and three relatives about their experience of the care provided. We spoke with the registered manager who is also the provider, deputy manager and nine members of staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel very safe living here." Relatives also told us that they felt people were safe.
- Staff had received training on how to recognise and report abuse. They were reminded of their responsibility and the process during meetings. Further training updates were planned for the following day.
- Information on reporting concerns was displayed in the home and concerns had been reported appropriately.

Assessing risk, safety monitoring and management

- People had their individual risks assessed. However, one person was potentially at risk of choking and we needed to prompt the management team to complete an assessment. This was completed during the inspection visit.
- Staff were aware of individual risks and we saw them working safely. This included oxygen management and safety. However, one domestic staff member was not aware of the risks of using Vaseline around oxygen. They spoke with the management team straight away who made sure they had the up to date information.
- Accidents and incidents were reviewed for themes and trends. The reviews checked that all remedial action had been taken and this included referrals to specialists as needed.
- The home had purchased an emergency lifting cushion to help assist people off the floor following a fall. They told us this had promoted dignity and prevented people getting distressed when they were not familiar with a hoist.

Staffing and recruitment

- People told us that there were enough staff to meet their needs. One person said, "There are always staff around." However; two people told us at times they had to wait for staff to answer the call bell. The deputy manager told us they had introduced the check system so if staff were busy they checked someone was safe then pressed the bell again, so a colleague could respond. Relatives also told us there were enough staff.
- Staff said there were enough staff and requests for extra staffing were listened to. One staff member said, "We told them [management] when we were really busy and they increased the staff on here."
- We saw that people received support in a timely manner.

Using medicines safely

- People received their medicines when needed.
- Records tallied with stock held and staff had received training.

- There were regular checks on medicines management within the home and any shortfalls were addressed straight away.

#### Preventing and controlling infection

- The home was clean and there were systems in place to manage infection control.
- Staff had received infection control training and we saw this being put into practice.
- People and their relatives told us the home was kept clean. One person said, "The rooms are always clean, the washing is done."

#### Learning lessons when things go wrong

- Where incidents, accidents and complaints had occurred, or updates needed, the registered manager shared this information with the staff team through meetings, a staff messaging service and supervisions.
- Staff confirmed that they were kept informed of changes.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed prior to moving into the service to ensure their needs could be met. Any plans and equipment needed were in place when people arrived. Plans were then further developed as staff became familiar with people's needs, choices and preferences.
- Staff were kept informed of expected standards by the management team and this was checked at meetings and during the management teams' observations.

Staff support: induction, training, skills and experience

- People told us they felt staff were trained for their role.
- Staff had received training in subjects relevant to their role and they told us they felt equipped for their role. Staff told us they could request more training if they wanted or needed it. All training was delivered face to face. One staff member said, "Everyone has been really supportive throughout my induction, all the way through the staff team, [registered manager] has been great, even housekeeping ask how you are getting on."
- The deputy manager spoke of a care staff member coming to them in tears because a person living with dementia had hit them. This made the management team aware that the dementia training provided may not be robust enough to give staff the guidance needed to manage such incidents. As a result, the dementia training was reviewed and re-arranged in small group sessions so that each staff member received personalised training to give them the skills to manage behaviours that may challenge.
- Staff said they felt supported and had regular one to one supervision meetings.

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

- People enjoyed a varied and balanced diet.
- People told us that they mostly enjoyed the food and choices were available. One person said, "The food is very good." Some views however were that it lacked variety and needed improving. Relatives told us the food was good. They said they had been invited to eat with their family members and said they had always found it enjoyable.
- The chef met with people at the monthly meetings to hear feedback and get menu suggestions and they acted as a result of people's opinions. For example, curry had been introduced on the menu. The feedback had not been positive, so this was changed immediately.
- Dietary needs were known by staff and communicated to the chef. Weights were monitored, and action taken if people were noted to be losing weight and at risk.
- Catering staff told us that people could have any of their favourite things ordered in, for example, the day before this inspection a person had asked for Bovril and celery soup to be ordered for them. Catering staff

confirmed this had been done.

- Food was fortified when needed and staff were reminded of ways to help encourage people to eat well.

Staff working with other agencies to provide consistent, effective, timely care

- The team worked with the local authority to help ensure people received safe and effective care. The team also worked with palliative care and frailty nurses to help prevent hospital admissions.
- There was good communication to help ensure people's needs were being met consistently.

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

- The building had been designed in a way that allowed people to move around freely. There was clear signage and ample communal areas for people to use.
- There was an accessible garden which had raised planters for people to enjoy and quiet lounges if people wanted to be alone with visitors.
- Bedrooms were personalised, and bathrooms were welcoming. We discussed making more developments to further support people living with dementia as their dementia advanced. The management team told us this was something they were looking into.

Supporting people to live healthier lives, access healthcare services and support

- People had regular access to health and social care professionals.
- We saw that people were visited by the optician and chiropodist and when needed referrals were made to specialist healthcare teams, such as the tissue viability nurse or the speech and language team. A hairdresser was seeing people through the day of inspection.
- The provider had mobility transport that could be used for appointments to save needing to wait long periods for hospital transport.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had their capacity assessed for relevant decisions, and best interest decisions were recorded appropriately.
- We noted that staff asked people for their choices throughout the day and encouraged them to make decisions, such as what to eat and what to do.
- DoLS applications had been made and people were being supported in the least restrictive way while these were awaiting authorisation. For example, people had regular opportunities to go out.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were kind and respectful. One person said, "It is absolutely excellent here, there is always someone to talk to. There are loads of staff around if you need them, and you can get reassurance in the middle of the night if you are worried about anything." A relative told us, "I am so delighted, one of the main things is the sheer normality of it all." Another relative said, "[Relative] is so happy here, she thinks it is her own home."
- Interactions observed were positive. We heard and saw staff being attentive and reassuring to people. One person was distressed during a mealtime and a staff member spent time with them chatting and holding their hand, reassuring them. This meant they were able to relax and eat their meal.
- While sitting in the lounge or their rooms, staff checked that people were comfortable, adjusted cushions and gently helped people sit back again, and offered drinks.
- Staff engaged with people as they passed their rooms or saw them in the communal areas. We heard staff say, "You are very welcome" and "My pleasure" when assisting them. Interactions heard were appropriate and not at all patronising, indicating staff saw people as individuals.

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

- People and their relatives were involved in planning and reviewing their care. Relatives told us that staff contacted them about any changes if appropriate.
- Care plans included a record of people's involvement.
- Staff asked people before supporting them. For example, if they wanted their chair closer to the table. We saw staff gently wake people to remind them it was lunchtime, telling them to take their time and wake up a little before they got up.

Respecting and promoting people's privacy, dignity and independence

- Staff knocked on doors before entering, even if the door was open. One person said, "The care staff here are quite good. They look after my dignity by shutting the door and curtains when they help me to wash and dress."
- Records were held securely so to promote confidentiality and staff were discreet when speaking to people or about people's needs.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us that they were happy with the care they received, and it was delivered in a way they preferred. A relative told us, "We are more than happy with mum's care. Nothing is too much trouble for the staff." One person told us they got frustrated when agency staff worked at the home as they did not know people well. The management team told us they tried to use the same agency staff members if an agency staff member was needed.
- We saw care was delivered in accordance with people's recorded needs and preferences. A relative told us the management team were pro-active. The example they gave was a staff member had suggested an item of equipment to make life easier for their relative. As soon as the staff member shared this with the management team the item had been ordered.
- Care plans were electronic and included clear information so that care could be delivered safely and appropriately. Where planned care was missed, the system alerted staff and management that this was due.
- Relatives told us that staff were very responsive to any concerns or worries about a person's welfare.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff took time to communicate with people who had impaired communication. We saw where people were visually impaired, there was a poem on their door reminding staff to introduce themselves by name as the person could not see their face. We observed staff doing this when entering rooms. This was implemented following a recent residents meeting.
- Care plans set out how each person needed to be supported with communication and staff knew people's abilities well and how they needed to approach people. We saw staff working in a way that aided people's communication in accordance with their care plans.
- The service provided headphones to people who were hearing impaired to help them feel engaged with meetings and provide their views.
- A person wanted to get to know staff names to help them know them. The person was given an album with photos of the staff and their names in large print so that they could identify them.
- The deputy manager was trained in hearing aid servicing. This meant people could get prompt assistance if their aids were not working effectively and limited the impact on their communication abilities.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People told us that they enjoyed the activities and outings provided. One person said, "There is always something going on such as Church services, sing a longs, games, puzzles and daily walks in the lovely gardens. Have you seen the garden? It is stunning."
- There were activities going on during the inspection. The group activity was bingo during the morning and walks in the middle of the day. People were seen reading and completing puzzles. Staff engaged with them as they passed them, chatting about what they were doing.
- One person who enjoyed Bingo was being cared for in bed during a period of being unwell. Staff arranged for a microphone in the bedroom, so the person could join in with the game from their bed. Another person was described by their relative as not joining in with group activities due to a hearing impairment. Headphones were provided so they could hear questions to a group crossword and they were able to get involved.
- Another person had previously been a housekeeper. They enjoyed getting involved with folding laundry and sorting it as needed.
- Various groups visited the home, such as the Knit and Natter group, to help people keep in contact with friends, clubs and the community.
- There were reclining wheelchairs so that people who were cared for in bed, could take part in group activities.

Improving care quality in response to complaints or concerns

- People and relatives told us that they had no complaints but felt confident to raise an issue if one arose. One person said, "There is nothing to be improved, you can't fault it."
- Complaints recorded were logged to enable monitoring of their progress and reviewed to identify themes and trends. There had been no formal complaints in 2019.
- The deputy manager told us that little niggles were dealt with as they arose. We discussed the benefit of recording these so to identify any possible reoccurring issues more swiftly.

End of life care and support

- At times, end of life care was provided at the service. The team worked with the palliative care team to ensure they had up to date knowledge and people were supported in a dignified and pain free way.
- Care plans were in place to people stating what their wishes were, including if a person wished to be resuscitated and the relevant documentation was in place. These plans were extremely detailed, guiding staff to hold a person's hand, stroke their hair and describing that lighting should be low and soft music playing. Another person's plan read, 'I have put my own end of life care plan in place as it is something I feel very strongly about. I do not want my symptoms to be prolonged and would prefer to spend my final days in my room at Foxholes not in hospital. I do have concerns that my room will have to be cleared quickly and ask that my family is given a reasonable amount of time to do this.'
- Feedback from relatives about the end of life care their relatives received was very positive. One comment read, "[Person] had a good life in your beautiful home, she felt safe, dignified, secure and well cared for, cared for as one of your family, you listened to [person], you listened to us, acted and advised us with great compassion, understanding. Outstanding home." Other comments read that they looked after this person as if she was their relative and died while surrounded by memories and treasures.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were positive about the registered manager and the running of the home. A relative told us, "The staff are open and engaging, there are no malodours. I was delighted to see the amount of staff on duty when we visited on Sunday. I most certainly would recommend the service."
- Staff told us that the management team were very approachable and supportive. One staff member said, "If you need help with anything, they help, they help you with care if needed too." Another staff member said, "[Registered manager] is a really "hands on" manager and [deputy manager] is great. Doesn't feel like there are levels within the staff team, no hierarchy, everybody supports everybody."
- The registered manager worked well with the deputy manager to ensure that people received care in a person-centred way. They gave guidance to staff and explained the importance of it.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team took their responsibility seriously. Staff told us that they were friendly but also advised if they were not working in a way that was expected.
- Meeting notes showed that safeguarding issues were discussed. Changes to practice that were needed to keep up to date and provide the appropriate care were also discussed.
- We noted that all reportable events were reported to the appropriate body.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team carried out checks and audits to satisfy themselves that standards were to that expected and regulations were met.
- Where these checks had identified shortfalls, action plans were implemented to address the areas. We found that this had been effective as the service provided people safe and appropriate care. This was indicated by the low number of complaints, reduction in incidents such as behaviour that may challenge, falls and concerns such as infections and pressure ulcers.
- There were several checklists in place to ensure all the correct systems and records were in place. These included a sling record, hospital admissions, health care contact and a new admission checklist.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were invited to take part in an impartial survey completed by an external agency. The results from this survey were analysed and shared. There were regular opportunities for meetings where people told us they could speak freely. One person told us, "[Registered manager] comes and asks if everything is ok." The meeting notes included actions and feedback for people. We saw actions had been completed or were in progress.
- Staff also told us that there were regular meetings and opportunities to speak with a member of the management team. They also provided staff team building days which ran over different sessions, so all staff had the opportunity to join in.
- There was a bonus and employee of the month system in place for staff. Staff told us they felt valued. These rewards were given for long service, birthdays or a particularly good piece of work. Staff told us they loved working at the service and felt appreciated. The registered manager told us, "Our staff team is the backbone of the home."
- The deputy manager told us that activity crafts were planned with purpose in mind. For example, if people are knitting or making cards, they do it to sell them at events. This helps people feel they contribute to raising money for their 'bucket list activity fund' and buying a mini bus.

#### Continuous learning and improving care

- Incidents and events were reviewed, and meetings discussed any learning as a result.
- The registered manager told us, "The training matrix was all green (up to date) but it wasn't green in here, you could see more learning and training was needed. We added the role of training manager." The management team told us that as a result, staff felt more confident in areas such as dementia care and as a result incidents of challenging behaviour had reduced and people experienced shorter periods of anxiety.

#### Working in partnership with others

- The management team worked with the local authority and a local care provider's association to address areas they found as needing development and training opportunities.
- A local school visited to spend time with people to help them feel they were part of the community. A training booklet was being developed about people living with dementia to be given to the children to help their understanding when visiting the home. Training in this area was also offered to relatives and visiting health or social care professionals if they wished to attend.