

Mrs C Ramsey and Mrs J Lubbock

Foxes Moon Residential Home

Inspection report

40 Ringwood Road
St Ives
Ringwood
Hampshire
BH24 2NY

Tel: 01425474347

Date of inspection visit:
22 September 2018

Date of publication:
22 October 2018

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

The inspection took place on 22 September 2018 and was unannounced.□

Foxes Moon Residential 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.

Foxes Moon Residential Home is registered to accommodate 31 older people living with dementia and mobility difficulties. There are two floors with the first floor having access via stairs or a lift. There was a quiet lounge and a large dining room which led out into the secure gardens. There was ramp access to the gardens and various patio and lawn areas. There were 30 people living at the home at time of inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from avoidable harm as staff received training and understood how to recognise signs of abuse and the who to report this to if abuse was suspected.

Staffing levels were adequate to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults.

When people were at risk staff had access to assessments and understood the actions needed to minimise avoidable harm.

Medicines were administered and managed safely by trained and competent staff. Medication stock checks took place together with routine audits to ensure safety with medicines.

People and their relatives had been involved in assessments of care needs and had their choices and wishes respected including access to healthcare when required. The service worked well with professionals such as doctors, occupational therapists and social workers.

People had their eating and drinking needs understood and were being met. People were happy with the quality, variety and quantity of the food.

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

The registered manager actively sought to work in partnership with other organisations to improve outcomes for people using the service.

Care and support was provided by staff who had received an induction and continual learning that enabled them to carry out their role effectively. Staff felt supported and confident in their work.

People, their relatives and professionals described the staff as caring, kind and warm.

People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs, their life histories were detailed and relatives had been consulted.

The home had an effective complaints process and people were aware of it and knew how to make a complaint. The service actively encouraged feedback from people.

People's end of life needs were assessed and detailed. The records showed that people and their relatives had been involved in these plans. Feedback received by the service showed that end of life care provided was of a good standard.

Activities were provided and these included staff, people and their relatives. Individual activities were provided for those that preferred them.

Relatives and professionals had confidence in the service. The home had an open and positive culture that encouraged the involvement of everyone.

Leadership was visible within the home. Staff spoke positively about the management team and felt supported.

There were effective quality assurance and auditing processes in place and they contributed to service improvements. Action plans were carried out and those responsible kept things up to date.

The service understood their legal responsibilities for reporting and sharing information with other services.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service has improved to good.

Good ●

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 site visit took place on 22 September 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people who used the service and three relatives. We spoke with two health and social care professionals and six staff.

We spoke with a director, registered manager and the deputy manager. We reviewed four people's care files, four medicine administration records, policies, risk assessments, health and safety records, consent to care and quality audits. We looked at three staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interactions between staff and people who live there. We used the Short Observational Framework for Inspection (SOFI) at meal times. SOFI is a way of

observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People felt they were safe living at Foxes Moon Residential Home. Staff told us that people were kept safe and they were confident they worked in a safe way. We saw that risk assessments, policies, audits, quality assurance and support systems were in place. Comments from people and relatives included, "I feel safe living here, I have the door code and can go out whenever I want", "We are safe, they look after us so well", "I feel people are safe because I have seen the way they work, they are patient and very careful" and "It's my loved one's home, they are safe and well cared for". A professional told us, "I know people are safe as I have seen the interactions between staff and the residents, they go above and beyond". Another told us, "They know their residents well, I have no concerns at all".

People received their medicines safely. The service had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines, were all trained and had had their competency assessed by the management staff. Medicine Administration Records (MAR) had a photograph of the person, their medical conditions and allergies. Staff cross checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR's were completed correctly and audited. Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. Body map diagrams were used to show where prescribed creams needed to be applied.

The service had enough staff on duty to meet people's needs. The deputy manager told us that they regularly checked the staffing levels by reviewing people's needs and speaking to staff. If staffing levels needed to change the deputy manager told us they would adjust them accordingly. A relative told us "I feel there is enough staff, there always seems to be a lot of people around" another told us "I would say they is enough staff on, they are very busy but I can always ask someone to help if needed". A staff member told us "I think there is enough staff, we work well as a team and know what people want".

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

All staff members prepared and served food from the kitchen and people could have food and drinks whenever they wanted. All staff had received food hygiene training. The service had recently received the highest rating of five from the Food Standards Agency which meant that conditions and practices relating to food hygiene were very good.

Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. All areas of the home were tidy and clean, the service employed

domestic staff, there were three on duty on the day of inspection. Infection control areas were on each corridor, these held gloves, aprons and alcohol gel. We observed staff hand washing and changing gloves and aprons throughout the day. The deputy manager told us they were aware of reporting procedures for outbreaks of illness and took infection prevention very seriously. We saw the correct records were made when illness was reportable. Staff received training for the prevention and control of infection and could tell us their responsibilities. A relative told us "It really is clean here" another said, "It always smells so fresh and clean". A professional told us, "I think the home is very clean".

The home had effective arrangements in place for reviewing safeguarding concerns. Staff demonstrated a good knowledge of signs and symptoms of abuse and who they would report concerns to both internally and externally. Safeguarding reporting guidance together with contact numbers were displayed prominently in the reception area. The deputy manager was very clear on the responsibility of the service to protect people and report concerns. A professional told us, "Foxes Moon will raise concerns or challenge things if they don't believe it to be in the persons best interest".

Accident and incidents were all recorded and analysed by the deputy manager and actions taken when needed. Lessons were learned and shared amongst the staff through monthly meetings. Measures were put in place to reduce the likelihood of reoccurrence. The service had a fire safety incident and we saw that following this, changes were made to the kitchen procedures and staff received additional training in that area. A staff member told us, "The deputy manager [name] picks up on things easily and always advises us how they want's things done differently next time".

Risk assessments were in place for each person for all aspects of their care and support along with general risk assessments for the home. The risk assessments were visible to staff on as electronic records and could be viewed by staff prior to care taking place. A staff member told us, "We can look at people's risks assessments and plans, this helps with caring for the residents in the best way".

Environmental risk assessments were in place which assessed risks in the home such as heating, hot water and equipment. The service worked with an external company who helped them to manage health and safety and they provided a full home safety audit each year. The home employed a maintenance man who together with the deputy manager carried out monthly health and safety checks. All electrical equipment had been tested to ensure its effective operation. The service had recently purchased new moving and handling equipment to support people in the home. People had personal emergency evacuation plans which told staff how to support people in the event of a fire. All staff had received fire safety training by an external fire safety company.

Is the service effective?

Our findings

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.

The home met the requirements of the MCA. Assessments had been carried out for people to determine their capacity to make certain decisions. Following this the service had held best interest decision meetings which involved the person, family members and medical professionals. The service had clear documentation for assessment and planning for those who lacked capacity to ensure people's rights were protected. Staff had received MCA training and were able to tell us the key principles. Staff records showed training had been completed. A staff member told us "We treat them as if they have capacity unless it is proven otherwise" another told us, "A person's capacity can change throughout the day so we must always ask them how they want things".

Consent to care was sought by the service from those that had capacity and this included consent for photographs. People's records showed signed consent for care or decisions made in people's best interest if required. A person told us "I am given choices, I can tell them what I want and how I want it done". A staff member told us, "We always ask people how they want their care done" another told us, "They [people] can decide, I always ask for consent".

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The deputy manager had a good understanding of MCA and applications made under DoLS had been completed where necessary. Authorisations made under DoLS were current and best interest decisions had involved all the relevant people.

The service had an induction for all new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Many of the staff told us they held or were completing national health and social care diploma's.

Staff received training and support needed to carry out their role effectively, they told us they felt confident. Staff received training on subjects such as safeguarding, dementia, infection control and fire safety. The deputy manager said, "We like to use people's skills and interests to provide additional sessions of training". A member of staff told us, "I have recently been on a course to be a moving and handling trainer" and then went on to say, "I have learnt a lot here". We saw that additional training had taken place in subjects such as, catheter care and stroke awareness so that staff could meet the specific needs of people within the home.

Staff told us they had regular supervision and appraisals, they felt these were positive experiences and that they were a two-way process. Supervision records showed they were completed jointly between managers and staff. One staff member told us "The managers really help me and have supported me a lot". The deputy manager said, "I always pass feedback on to the staff and give guidance to them".

People's needs and choices were assessed and care and support was provided to achieve effective outcomes. Assessments were completed with people before they were accepted into the home, the deputy manager told us, "We need to be sure we can meet the persons needs before they come to us and also make sure we take into account the people who already live at Foxes Moon". People and their families were involved in this process, one person told us, "I agree with the staff what I need doing, they always involve me". A relative told us, "I am always involved in my loved one's care needs".

People were supported to eat and drink enough. We observed staff supporting people to eat and drink by giving various levels of support. Staff had a good understanding of people's needs regarding food intake and special diets. We saw people had input and assessments by Speech and Language Therapists (SALT) and their instructions were being followed. The kitchen staff had a list of the special diets and staff told us about people's needs. A person told us, "I really enjoy the food, I don't manage well with rich foods so they always offer me a plain option", another person told us, "I am very happy with the food, we have a lot of vegetables which I love". A relative told us, "There is always plenty to eat and drink and residents can have food whenever they want". The service had 'protected mealtimes' which meant that a member of staff was allocated to a group of people for the day and they would ensure those people had the correct support with regards to their food and drinks. There was a notice for visitors about the protected mealtimes informing them that staff would have limited availability for other tasks at these times. We observed this in practice during the day.

We observed the meal time to be organised, relaxed and a social occasion. People's intake of food and drink was documented by one member of staff so the service could monitor this. A member of staff told us, "We keep a record of exactly what people eat, this way we can highlight any problems". People were given choices for meals and pictures of the food were displayed in the communal areas, we saw there were four different choices for that meal. Food choices were taken into the dining room on a trolley and people could choose their meal from all the plated options. Drinks were plentiful and there were many choices available to people.

People were supported to receive health care services when they needed. All records seen showed evidence of regular health care appointments and medical or specialist involvement. The deputy manager told us that they feel they work well with health and social care professionals and can contact them anytime to support people's needs. A relative told us "My loved one [name] has required emergency medical support on a couple of occasions and they have always made the right decision and got the paramedics, they also keep me informed every step of the way". A professional told us, "Foxes Moon staff always follow the support plans and report any concerns whatsoever". Another told us, "I am involved in different aspects of the residents health and Foxes Moon always follow my plans and report back to me, we work well together".

The home was split across two levels and had been adapted to ensure people could access different areas of the home safely and as independently as possible. There was a lift in place for access from the ground to the first floor. The corridors were themed which extended to pictures on the wall, to help people recognise their surroundings and support their independence. The home was in the process of changing the bedroom doors to appear like front doors with door knockers and letterboxes, the doors were brightly coloured and the deputy manager told us people had chosen their colour. There were signs and pictures in all areas of the home to help people orientate themselves. The gardens were secure, a person told us, "The gardens here

are lovely, I go out and feed the birds, we can help in the garden, it's so nice".

Is the service caring?

Our findings

People, professionals and their relatives told us staff were kind and caring. One person told us, "Staff are kind". Another person said, "Staff are quite good". Relative comments included; "The staff are lovely, family orientated and friendly", "They are wonderful", "Staff are so kind, I wouldn't have coped without them", "They are amazing, I've seen the way they work, so patient and kind". Professionals told us, "Staff are exceptional with residents, I cannot fault them at all". "They are down to earth, nothing is too much trouble, they are there for you". "Staff are caring and have a good rapport with residents".

People were treated with dignity and respect. We observed many respectful interactions during the inspection, staff were attentive to people when they asked for them or at times when they were distressed. A person told us, "The home has a very pleasant feel and everyone is nice". A relative said, "The staff treat my loved one [name] with dignity and respect, they always tell them what they are going to do, they are treated so well". A professional told us about a person they worked with who had moved to the home from a difficult situation, they said following the move to the home they had "their dignity restored" and then went on to say, "They adapt things to meet people's needs, staff are so kind".

People's cultural and spiritual needs were respected. People's cultural beliefs were recorded in their files and they were supported to attend religious services which visited the home monthly and to attend church services in the local area. A relative told us, "The church comes in to see my loved one [name]".

People were encouraged to have visitors to the home, whether in the communal areas or alone in other places within the home. A relative told us, "I am welcome anytime" another said, "I am always welcomed, the first thing they ask me is if I would like a cup of tea, nothing is too much trouble". The deputy manager told us that they were happy to support all relationships within the home.

People told us they were happy with the care they received. Comments from people and their relatives included, "They know what is needed, they are just right", "They are remarkable", "I love it here, the staff are lovely, I admire every single one of them". "Foxes Moon are amazing".

There was a calm, relaxed and welcoming atmosphere in the home. A relative told us, "When you walk in everyone seems relaxed and happy". We observed staff spending time with people individually in the lounge areas and also in their own rooms. A staff member told us, "I enjoy being with people and it's so nice to see them with a smile on their face".

People were encouraged to make decisions about their care. People were as involved as they could be in their care plans we saw involvement of varying degrees dependent on the person's needs. Records showed input from the person, their family and professionals. There was a system for review and people were involved in that. Life histories were full and contained information that was important to them. A person told us, "I can make my decisions, I make agreements with the staff". A professional told us, "We are always involved, they go above and beyond for people".

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans were in place and regularly reviewed. A relative told us, "They act quickly when needed". A professional told us, "They have worked with me at short notice and helped a person, they worked hard to get to know them". Plans we saw were personalised and each section was detailed to paint a picture of the person together with guidance for staff on how to support them. This meant people were receiving the care that was important to them and met their individual needs.

The service used an electronic care planning system which enabled them to be responsive should people's needs change. The system sent a message to all staff, so even if they were not directly supporting that person during the day they would be updated on their condition or needs. A member of staff told us, "We receive updates on the handset, we can also set an alarm for all to see". This process meant the person received the correct care and support when needed.

People told us that there were a lot of activities inside and outside of the home. The home had a variety of activities for people to enjoy and the walls in the lounge were covered with photographs of past activities. The service employed an activity coordinator, a relative told us, "They [name] is amazing". The home had held a beach party recently and had decorated the lounge with pictures, real sand, candy floss machines, fish and chips in paper cones and a barbeque. A relative told us, "I love it, there is always something going on for the residents, we just had a beach party, it was so good". We saw many activities had been held and planned such as, cabaret style singers, musical events, reptile and animal interactions. The home also had more individual activities such as relaxation and self care. A staff member told us, "I like to do colouring with some people, it helps them relax". A person told us, "I love my nails, the nurses paint them for me, it makes me happy and everyone says how nice they are". A relative told us, "If people can't go out in the gardens for activities they bring it inside to them".

The home had made individual arrangements for people to visit specific places, these were in consultation with the person. A person told us about an upcoming trip and said, "I am so happy to be going, they have a nurse [staff] to go with me". People had visited the local town and shops, the deputy manager told us they had linked with a local group focussing on ensuring that communities are dementia friendly for people.

People knew how to make a complaint and the service had a policy and procedure in place. Records showed that complaints were dealt with within agreed timescales and actions had been carried out to people's satisfaction. A person told us "I would speak to the staff". A relative told us, "I have not had to make a complaint but I would just speak to the registered manager [name] or the deputy [name]".

The service met the requirements of the Accessible Information Standard. The Accessible Information Standard (AIS) is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with the AIS. People's assessments explored their communication needs, this information had been

included in care plans where a need had been identified.

At the time of the inspection no one at the service was receiving end of life care. People's individual end of life wishes were noted by the service including surroundings, music, bedding and people present. The deputy manager told us that they asked people and their families about end of life wishes however sometimes this was difficult due to their needs but they always tried. The deputy manager told us they worked very closely with the palliative care nurses and the GP to create a plan as required for end of life. The home had a rose garden and they planted a rose for each person that passed. A professional told us, "Foxes Moon are just so good with end of life care, I can't fault them". Some compliments we read said, 'The time we spent with our relative [name] was priceless also the way the staff looked after us, especially towards the end, and you didn't forget their special needs'. 'Special thanks for the exceptional care and thoughtfulness you showed towards my relative [name] in their final days'. 'It always seemed like you treated them [name] as a part of your family, you made their life bearable'. 'We were especially grateful for the end of life care they received, staff were professional, knowledgeable and caring'.

Is the service well-led?

Our findings

At our previous inspection in March 2016 we found there was no registered manager in post and at this inspection the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and deputy manager had a clear vision for developing the service and told us it was to provide quality care in a family environment. We saw action plans for further developments to the environment and for improved practices within the home. The deputy manager said, "We work in their home" and then went on to tell us, it is important that all staff understand that.

The registered manager had created an open working culture and could be contacted in person or by telephone. People and staff told us they felt the registered manager and the deputy manager were there for them when needed. The deputy manager told us, "It's an honour and a privilege to care for the residents, we are like a family unit". The deputy manager also said, "It gives me a sense of pride that if this is the last place they [people] live, then we make it the best quality we can and we make them comfortable".

Staff, relatives and people's feedback on the management and senior staff at the home was positive. Staff felt supported. A staff member told us, "The managers are lovely", another said, "They support me professionally and personally". A professional said, "The management team have the respect of their staff". Another said, "The deputy manager [name] knows what they are talking about, they know the residents very well".

The service sought people's feedback and involvement through meetings and minutes of those meetings were available for all in the home entrance. The service had a volunteer who held meetings with people and staff, we saw recent discussions had been about food, activities, outings and decoration of the home.

Learning and development was important to the registered manager and deputy manager. They had attended regular registered manager network meetings, learning hubs, provider forums and also used online guidance and publications to keep updated. The deputy manager had recently completed learning around health and safety which enabled them to make changes in the home.

The deputy manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They confidently told us the circumstances in which they would make notifications and referrals to external agencies and showed us recent records. They were supported well by the registered manager and felt confident in their absence.

Quality assurance systems were in place to monitor the standard of care provided at the service. Audits reviewed different aspects of care and actions were taken to make any improvements that had been

identified. Systems were in place for learning and reflection. The deputy manager had completed various audits such as food, care records, falls, accidents, incidents and health and safety. We saw accident reports and changes to care plans in response to this.

The service had good working partnerships with health and social care professionals, the deputy manager told us, "We have a very close relationship with the GP surgery and nurses, they visit us regularly and know when someone's needs have changed. We feel we can call them anytime". A professional told us, "I have been involved with Foxes Moon for a long time and it works well between us".