

Fosse Court Limited

# Fosse Court

## Inspection report

207-211 Fosse Road North  
Leicester  
Leicestershire  
LE3 5EZ

Tel: 01162518822

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16 January 2020

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## Ratings

|                                 |                         |
|---------------------------------|-------------------------|
| Overall rating for this service | Inspected but not rated |
|---------------------------------|-------------------------|

|                           |                         |
|---------------------------|-------------------------|
| Is the service safe?      | Inspected but not rated |
| Is the service effective? | Inspected but not rated |
| Is the service well-led?  | Inspected but not rated |

# Summary of findings

## Overall summary

### About the service

Fosse Court is registered to provide personal care for up to 22 people. At the time of the inspection there was nobody using the service.

Accommodation is provided over two interconnecting dwellings across the ground, first and second floors in a mixture of ensuite rooms and communal facilities.

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

We undertook a responsive inspection as the provider had informed us they had made improvements to the building so it was fit for purpose since our last visit. This inspection was undertaken to assure ourselves that the environment would meet the needs of older people.

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

### Rating at last inspection

The last rating of this service was conducted under CQC's previous inspection methodology (published September 2014). It was found that action was needed for Outcome 4 Care and welfare of people who use services (Regulation 9), Outcome 7 Safeguarding people who use services from abuse (Regulation 11), Outcome 9 Management of medicines (Regulation 13) and Outcome 16 Assessing and monitoring the quality of service provision (Regulation 10) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

### Why we inspected

This was a planned inspection to ensure the provider was meeting CQC's new inspection methodology standards.

### 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?**

Inspected but not rated.

Details of our safe findings below.

**Inspected but not rated**

### **Is the service effective?**

Inspected but not rated.

Details of our effective findings below.

**Inspected but not rated**

### **Is the service well-led?**

Inspected but not rated.

Details of our well-led findings below.

**Inspected but not rated**

# Fosse Court

## 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.

#### Inspection team

The inspection team consisted of an inspector and an assistant inspector.

#### Service and service type

Fosse Court is a 'care home'. People in care homes receive accommodation and 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.

#### Notice of inspection

This inspection was announced. Inspections of care homes are usually unannounced, however as there were no people using the service we needed to ensure that we could gain access to the property.

#### 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 worked with the service.

#### During the inspection

We spoke with the provider, their representatives and inspected the environment of the home.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included certification that essential building maintenance had been conducted and this was forwarded by the provider.

# Is the service safe?

## Our findings

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

The purpose of this inspection was to check if the provider had ensured people's safety.

Assessing risk, safety monitoring and management

- Essential services such as fire safety systems had not been maintained.
- There were gaps under fire doors and in the eventuality of a fire outbreak this would allow the fire to spread easily.
- A designated fire exit stairwell was blocked by a metal gate and if opened this would prevent access from people's bedrooms.
- Fire extinguishers and emergency evacuation slides were not securely attached to walls therefore posing a health and safety risk. Furthermore, they could easily be removed thus in the eventuality of a fire they may not be readily available.
- We identified that manual handling equipment had not been serviced since 2015 which contravenes the Lifting Operations and Lifting Equipment Regulations.
- Emergency call bells were not audible from all parts of the building. Therefore, if a person needed attention staff may not respond.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This could place people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment), regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# 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.

The purpose of this inspection was to check if the provider had ensured people's safety.

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

- It was identified not all ensembles had functioning locks. Therefore, they could be accessed from corridors or adjoining bedrooms.
- The ground floor bathroom in building two had exposed copper pipes that could pose a burns risk. The floor in the shower area was uneven and was also a slip hazard.
- The building had poor signage. Bathrooms, bedrooms and communal facilities lacked adequate signage. This could cause confusion for people within the service.
- Radiator covers and furniture such as wardrobes were not securely attached to walls which created a health and safety risk to people.
- There was not enough seating in the dining area for all people if the home was fully occupied. In addition, there was also not enough seats in the lounges. However, the provider stated they would be converting a staff room on the first floor to increase lounge capacity.
- All stairwells in the building were extremely steep. For people in the ground floor bedrooms they could only access the communal areas via the first floor. There was no lift access and there was a fire door that opened inwards onto the staircase with an uneven surface. This created a trip hazard and a person with mobility difficulties could easily fall back onto themselves whilst opening the fire door.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 10 (Dignity and Respect), regulation 12 (Safe Care and Treatment) and regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# 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.

The purpose of this inspection was to check if the provider had ensured people's safety.

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

- At the time of the inspection there was not a Registered Manager in situ. However, an application has been submitted and was being processed by the CQC.
- Regulatory requirements such as LOLER certification could not be produced by the provider.
- The systems and processes the provider had in place did not identify the issues highlighted in this inspection.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.