

## Foxearth Lodge Nursing Home

# Foxearth Lodge Nursing Home

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Foxearth Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This service provides nursing care. Foxearth Lodge Nursing Home accommodates up to 67 older people. There were two units in the service, Woodlands, where mainly people living with dementia lived and Foxearth Barns, some people also living with dementia lived in this unit which was on two floors.

There were 56 older people, some living with dementia, living in the service when we inspected on 25 and 28 June 2018. This was an unannounced comprehensive inspection.

At our previous inspection of 26 March 2015, this service was rated good overall. At this inspection of 25 and 28 June 2018 the overall rating had deteriorated to requires improvement. We have identified breaches in Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission (Registration) Regulations 2009.

The full version of this report shows what actions we have asked the provider to take.

There was not a registered manager in place. 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.

Since our last inspection there had been management changes with the registered manager who worked at the service during our last inspection de-registering in August 2018 and another registered manager being in place from October 2017 to June 2018. The provider's and previous registered manager's systems to assess and monitor the service had not been robust. They had failed to independently identify shortfalls in the service and address them in a timely manner. Records including incidents and accidents, people's behaviour records and food and fluid records had not been reviewed and analysed to identify trends and reduce future risks to people.

There was a new manager working in the service since 18 June 2018. They were planning to submit an application to the CQC to be registered manager. Since the time the new manager had been in place, they and the provider's management team had drawn up a service improvement plan, which identified shortfalls in the service and an action plan was in place to address them. The action plan was dated 23 June 2018 and was still in the early stages but the management team were in the process of implementing changes. These needed to be fully implemented and embedded in practice to assess how these benefitted people who lived in the service.

Notifications relating to injury and safeguarding had not been made to CQC as required by law. Since 2016

we had not received any notifications of injury and only one notification of safeguarding in 2017. We reviewed the service's records and found that there were incidents of injury and safeguarding which we should have been notified of.

Improvements were needed in how the service assesses and mitigates risks to people. This included in people's care plans and risk assessments and how they guide staff in the reduction of assessed risks.

The systems in place for medicines management were not robust to ensure that they were safe at all times. The new manager had identified shortfalls and an action plan was in place to improve this.

The numbers of staff required to meet people's needs were calculated. At the time of our inspection we saw that people were provided with assistance when they needed it. We identified an issue with the staff recruitment processes, this was addressed immediately, once we pointed it out.

There were infection control systems in place to reduce the risk of cross contamination. The environment was well maintained and suitable for the people using the service.

There were gaps in staff training records and the new manager had identified gaps in staff supervision. They had developed a plan to improve this.

People had access to health professionals when needed. Staff worked with other professionals involved in people's care. People's nutritional needs were assessed. However, the records in place to monitor how much people had to eat and drink were not complete and used effectively.

People's records relating to if they had capacity to make their own decisions were confusing and did not clearly identify that people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People's privacy and dignity was not always respected. People shared mainly positive relationships with staff.

People were listened to in relation to their choices, however, there was not evidence to show that they had been involved with their care planning.

Improvements were needed in how people's care was assessed, planned for and met. People's comments varied about if they had access to social activities to reduce the risks of isolation and boredom.

People's choices were documented about how they wanted to be cared for at the end of their life.

There was a complaints procedure in place and people's complaints were addressed.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Improvements were needed in how the service assessed and mitigated risks to people.

Improvements were needed in the systems to manage people's medicines safely.

The staffing levels were assessed to provide people with the care and support they needed. We identified an issue with recruitment of a staff member, this was addressed immediately.

The service had infection control policies and procedures which were designed to reduce risks to people.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed. However, records did not support the effective monitoring of how much people had to eat and drink.

The Deprivation of Liberty Safeguards (DoLS) referrals had been made appropriately. Not all staff had received training in this area and people's records did not clearly identify people's capacity and any decisions made in their best interests.

Gaps were in staff training records. Improvements were being made in how staff were supported in their role.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

The environment was suitable for the people who used the service.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

People's privacy and dignity was not always respected.

Staff treated with people with kindness and they knew people well. Staff and people shared mainly positive relationships.

People's choices were respected and listened to. However, there was no evidence to show that people were involved in their care planning.

### **Is the service responsive?**

The service was not consistently responsive.

Improvements were needed in how people's needs were assessed, planned for and met.

People's end of life decisions were documented.

People's views varied about if they had the opportunity to participate in meaningful activities.

There was a system in place to manage people's complaints.

**Requires Improvement** 

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

The service was not consistently well-led.

The service had failed to notify us of incidents, including of injury and safeguarding, which they were required.

The service's quality assurance systems had been not robust enough to identify shortfalls over time and address and learn from them. However, a new manager was in post and improvements were being made.

The service provided an open culture. People were asked for their views about the service and these were used to improve the service.

**Requires Improvement** 

# Foxearth Lodge Nursing 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 unannounced comprehensive inspection took place on 25 and 28 June 2018 and was undertaken by one inspector and an assistant inspector. On the first day an expert by experience assisted with the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We ask that service's complete and send to us their Provider Information Return (PIR). 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 used 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 reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 14 people who used the service and three relatives. We observed the interaction between people who used the service and the staff throughout our inspection.

We looked at records in relation to six people's care. We spoke with two general managers, the new manager and 11 members of staff, including nursing, care, catering and domestic staff. We also spoke with a

visiting health professional. We looked at records relating to the management of the service, three recruitment files, training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

At our previous inspection of 26 March 2015, the rating for this key question was rated good. At this inspection, the service had deteriorated and is now rated requires improvement.

Wheelchairs and other walking equipment was stored in areas such as corridors and near exits. This was a risk because people could fall or trip over them. There was an exit to the garden from the Woodlands unit. A staff member told us that people could use this exit to access the garden. However, in the room leading to the exit there were several wheelchairs and walking frames stored. There was a risk that these items could fall on a person or a person could fall over them. In addition, there was equipment stored in bathrooms which people used. In a bathroom in Woodlands there was a small unlocked cupboard with hairspray and shampoo stored in it. On the second day of our inspection the hairspray had been removed but the shampoo remained. This was a risk because a person living with dementia could accidentally imbibe these.

Some people were prescribed medicines to be taken as required (PRN). There were no protocols in place for all of these medicines to guide staff on when they should be considered to be given to people. For example, one person was prescribed with PRN medicines to assist them with their behaviours, there were no PRN protocols in place for this person. There was an inconsistent and unclear way of recording the reasons why the medicines had been administered. For example, one person had received their PRN medicines, there was no information recorded for the reasons on the back of the MAR chart, one of the care folders stated that the person was agitated and PRN had been given and to see the care diary. These were daily records when we looked at these there was no reference to the PRN administration.

One person's care records were confusing, relating to the assistance they needed to take their medicines. In one part the records stated that they received their medicines hidden in food because they were refusing to take them, in another part it stated that they were not provided with their medicines this way. The manager found a form in the person's MAR records which had been signed by a GP to administer the medicines covertly, but there was no further information about if the medicines were safe to use in this way, for example from a pharmacy. The manager recognised that this was not sufficient and assured us this would be addressed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they were satisfied with the arrangements for their medicines administration. One person said, "Don't ask me what my medication is but I get it regular." One person's relative told us that there had never been any issues with their family member's medicines, including the checks in place for their anti-coagulant medicine.

On the morning of both days of our inspection we observed part of the administration round. On both mornings we saw that despite the nurses wearing a red tabard which stated that they were doing the medicines round and should not be interrupted, they held the telephone and answered calls during the



round. On the first day a nurse told us that they held the telephone until the housekeeper arrived and then they answered calls. We saw that on the medicines trolley was a list of extension telephone numbers. This meant that the staff responsible for administering medicines were not receiving protected time to concentrate on the job in hand.

On the first day we saw that a nurse put medicines into a pot from the monitored dosage system and gave it to a care staff member to give to the person. We asked the nurse if they were going to sign the medicines administration records (MAR) without seeing the person take their medicines. They told us that they had responsibility for the medicines, this was acceptable for them to sign the records and it was usual practice. They then went into the person's bedroom and asked the person if they had taken their medicines, they then signed the MAR chart. They then did the same with another person's medicines, the care staff member went to find the person without the nurse, returned with the pot, told the nurse they had taken them and the nurse then signed the MAR. By signing the MAR this identified that the person had received their medicines, if they did not see this happen there was a risk that the person had not received them. We raised this with a senior staff member who told us that the new manager had identified this as a risk and they had a nurse meeting planned for the following day. We also saw the service improvement plan which identified this as a system which was not safe and referred to the Nursing and Midwifery Council (NMC) code of practice. On the second day of our inspection, this practice had ceased.

Records showed that staff who were responsible for administering medicines had received training. Medicines were kept safely in the service and there were safe systems in place for the ordering and disposal of medicines. Regular checks were undertaken, these included temperatures, stock balance and audits. However, none of these had picked up the shortfalls we had identified. The new manager had completed a service improvement plan on 23 June 2018 and they had identified the need for PRN protocols to be in place and competency checks for nurses. They had also identified the issue of the unsafe medicines administration. We also saw that the new manager was undertaking competency checks on the nurses during their medicine administration round. A nurse told us that they always kept the keys to the clinic room on their person which was safe practice. We saw that people received thickener for their drinks and this was then locked away in the clinic room. This ensured that the risks of using these inappropriately were reduced.

Improvements were needed in how the service maintained records relating to safeguarding. Staff told us that they had received safeguarding training, but the training matrix provided to us had no reference to this training. We were not assured that safeguarding incidents had been appropriately made, for example following incidents and allegations. This was because the records of incidents were poor and included no further information about actions taken, lessons learned and safety measures in place. We pointed out to the management team an incident report where a person had stated that the discoloured area on their arm had been done by a staff member. We were told this would be looked into. There was no body map attached to the form or any information about actions taken, such as reporting this to the organisation responsible for investigating safeguarding concerns. In addition, this form was not dated, so it was difficult to track when it had happened. We also fed back to the management team incident form which identified an incident between two people. A staff member told us that this had been reported to the local authority safeguarding team, who had visited the service. We asked to see the records of this, none were provided.

People told us that they were safe living in the service. One person said, "I'm certainly being taken care of, I feel safe and happy, as happy as you can be in a place like this." Another person commented, "It's very good here, I haven't a fault to find. I feel safe." Another person told us, "I feel pretty safe, I'm fairly well cared for, I'm fairly happy here." People's relatives we spoke with told us that they felt that the service was safe.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with mobility, pressure ulcers and falls. Where people were at risk of developing pressure ulcers systems were in place to reduce these, this included seeking support from health professionals and the use of pressure relief equipment. We looked at the folder for pressure ulcers in the Woodlands unit. There were photographs and records for two people relating to pressure ulcer care. One of these included the grade of pressure ulcer, the other did not. We fed this back to the management team who said they would look into it.

Where people were at risk of falls actions were taken to reduce future risks. This included referrals to health professionals to obtain guidance and the use of equipment to alert staff if a person was attempting to stand without assistance. A staff member told us that they had attended a falls prevention course. However, people's care plans and risk assessments had not been updated to show the current status of the risks and support required. Staff would need to read through pages of reviews to find out people's current needs. For example, one person's risk assessment identified that they were at risk of falls. However, their risk assessment action plan had been completed in 2016, although there were monthly reviews since this time which identified that the person had fallen. The action plan and measures in place to reduce risks had not been updated, so the guidance for staff was not clear. One of the areas to support the person included regular checks but there was no indication how regular.

Most of the pipes were boxed in. However, we ran the hot water tap in a bathroom and felt that the pipe became hot. We suggested that the service check all pipes were appropriately boxed in to reduce the risks of people burning themselves on them. In Woodlands a fire door had tape covering the handle. A staff member told us that this had been broken and they were waiting for a replacement. On the second day of our inspection this had been replaced.

There were some flies in the service, a staff member told us that this was because they were next to a farm. We saw that there were efforts to reduce this in the service. Some people had insect nets over their beds. A staff member told us this was their choice if people wanted them. There were also fly catchers and screens over the windows, this reduced the risks of insects in the service.

We saw that some windows on the first floor could be opened wide enough for a person to climb out of. During our inspection, this was addressed and the window restrictors were shortened to the size that the new manager had found as the recommended opening length.

Risks to people injuring themselves or others were limited because equipment, including hoists, and fire safety equipment, had been serviced and checked so they were fit for purpose and safe to use. Portable electrical equipment had been checked to ensure they were safe. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. Fire safety checks were undertaken and there were personal evacuation plans in place for each person to ensure that staff were aware of the support that people needed should the service need evacuating.

We received varied comments from people about if they felt that there were enough staff in the service to support them. One person said, "A lot of staff complain that there isn't enough of them." Another person commented, "I think there are ample staff here." Another person told us, "I don't feel there are enough staff here, I sometimes think where is everybody, and they don't always seem to know what they are doing." One person's relative said that they had, "Never known there to be not enough staff of every type on duty."

People's views varied about when they called for assistance if this was attended to promptly by staff. One person said, "I use my alarm to call them, I call them for when people come into my room who are not

entitled; there is one [person] in particular, who opens my door and then goes through my things. They are fairly good at responding promptly." Another person commented, "Care is good except when you press your alarm to call for help. There is no way to let them know if its urgent, sometimes I wait 15 or 20 minutes." Another person told us, "When they have a full staff, there are enough. I have my alarm by my side, I use it when I need to go to the toilet, usually I wait no longer than two to three minutes, but it depends on what else is going on." Another person said, "I have my alarm, I ring it fairly often. Sometimes they are quick but not usually, 10 minutes usually, it depends on what they are doing." Another person said, "Sometimes they take a long time if I ring the alarm to go to the toilet, but I wear a pad and I can't fault them for changing it often." We fed back some of the comments received by people to the management team and they said that they would assess call bell response times and address it if they identified problems.

During our inspection we saw that people's requests for assistance, including call bells, were responded to promptly. Staff told us that they felt that there were enough staff to support people safely. A staff member told us how the service was staffed each day. This was kept under review and if people's needs increased, the staffing levels were changed to ensure people's needs were met. During our inspection the new manager was making changes to the rota, because they had identified how improvements could be made in the deployment of staff.

Records showed that checks were made on new staff before they were employed by the service, however, we identified that these checks were not always robust. One of the records we reviewed identified that the provider had sought references for a staff member, none of these were from their previous employer, one was from an activities staff member at their last place of work. Once we pointed this out a reference was immediately sought and we saw the response received. It had not been followed up why the applicant had provided the individual for their reference and not their employer. The general manager said that they would do this. In addition, a risk assessment had not been carried out following disclosures of offences for the same applicant. This was done immediately after we had pointed it out.

We recommend that the provider undertake a review of recruitment processes to ensure that appropriate checks have been made on the suitability of staff.

There were green marks on two baths. A staff member told us that these were descaled and cleaned regularly. There were records of cleaning in bathrooms, a staff member told us that they were cleaned each day. However, there were three days in June 2018 which were not completed.

People told us that the service was regularly cleaned. One person said, "They keep my room clean." Another person said, "No nasty smells." One person's relative told us that they felt that the service was clean and they had observed if an, "Accident," occurred, the carpets were steam cleaned, "There are never any smells."

There were disposable gloves and aprons that staff could use, such as when supporting people with their personal care needs, to reduce the risks of cross contamination. These were available throughout the service to allow access. There were hand sanitisers around the service and notices around the service with directions for effective hand washing methods.

The service was clean throughout. We checked equipment including wheelchairs which were clean. Records identified that cleaning of the service was completed, including mattresses and equipment. Infection control audits were undertaken to ensure that the risks of cross contamination were reduced. Staff had received training in infection control and food hygiene. The service had achieved the highest rating in their recent food hygiene inspection by the local authority.

## Is the service effective?

### Our findings

At our previous inspection of 26 March 2015, the rating for this key question was rated good. At this inspection the rating had deteriorated to requires improvement. This was because improvements were needed in how the service assessed and recorded people's capacity to make decisions. Improvements were needed in how the service monitored and reviewed people's food and fluid intake.

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. The application 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 records maintained relating to DoLS applications were not robust enough to identify if and when they needed to be reviewed and updated, if not yet approved by the appropriate agency. The new manager's service improvement plan dated 23 June 2018 had identified the need for a tracker for DoLS to be in place, including the type, date requested, date authorised and if they had been chased if not yet approved.

Not all of the care records included capacity assessments and where decisions had been made in people's best interests. This included one person who was receiving their medicines hidden in food. One person's records who moved into the service in March 2018 held no capacity assessments or guidance for staff about the decisions they could or could not make. This was despite the records from their previous service stating that the person had a Lasting Power of Attorney in place. People's care plans were confusing as to if people had capacity or not, and if their capacity varied over time and some areas where they could make their own decisions.

The training matrix provided to us identified that not all of the staff had received training in the MCA and DoLS. We saw staff asking for people's consent, for example where they wanted to be in the service and if they needed any assistance with their meal. People told us that the staff asked for their consent before they received any care and treatment. One person told us, "I really should go to the dentist, but I choose not to."

People's views about the choice and quality of food varied. One person said, "The food here is quite good, I enjoy sausage and chips." Another person commented, "Food is fine, I don't think we get a choice but it's quite good." Another person told us, "Food is nothing to shout about but we certainly get enough." Another person said, "The food, 80% alright, what isn't alright I leave. We get no choice. My favourite meal is breakfast." Another person commented, "I have to eat dry food, omelette and chips. They come and ask me

what I want every day. It's amazing what they do for us." Another person commented, "It's marvellous food, but too much. I keep asking for them to cut it down, but they don't, it's off putting." Other comments included, "Food is alright, sometimes very nice," "The food I tend to find boring, we get plenty of choice though," and, "Food is good, hot, plenty of it."

During meals we saw that people were offered choices of what to eat. Staff offered encouragement to eat and staff were available to assist those that needed help. However, one person told us, "A couple of staff have started to come and chat, but usually it's when they are doing something else. Recently one has sat by my bed and fed me, but [staff] shoves it in too quick. I soon stop it by doing this [person closed their lips tightly and turned away]."

We saw that there were no snacks available for people throughout our inspection. The general manager told us that these were available but kept in the kitchen areas because of the risks of flies.

People told us that they got plenty to drink to reduce the risks of dehydration. One person said, "If I want a cup of tea they would bring it to me anytime." We saw people were regularly offered drinks.

People's records included information about how their dietary needs had been assessed and how their specific needs were met. If there were risks identified relating to eating and drinking there were risk assessments in place to show how the risks were reduced. This included people who were at risk of choking or malnutrition. Where required, other professionals were contacted for guidance and support to meet people's needs, such as a dietician or the speech and language therapy (SALT) team. However, people's care plans and risk assessments had not been updated to show the current needs of people and how these were met. In one person's records there were several forms received from the SALT team relating to support to be provided following weight loss, but none of these had been inputted into their care plans. We could see that they were weighed weekly and their weight had stabilised and staff knew about their needs, which reduced the risks.

Records of how much people had to eat and drink were not used effectively to monitor people's wellbeing. None of the records of drinks people had, had been totalled and there was no reference in people's care records to indicate the suggested amount people should have to drink if they were at risk of dehydration. Records of food charts were also not always completed and they were not being reviewed regularly. For example, one person had moved into the service in March 2018, there was only one record of them being weighed in May 2018. Their nutritional care plan stated that the person should have their food and fluid intake monitored. However, there was no suggested amount of fluid the person should have each day and none of the fluid charts we reviewed from 30 May 2018 had been totalled. Thirteen of the days had only been completed during the morning. Similarly, the person's food charts were sporadically completed, for example some entries only recorded breakfast and lunch and some only the evening meal. Some of these records were not dated.

Staff spoken with, including the cook, understood people's specific dietary needs and how they were met. This included people who required a softer diet and those who needed a fortified diet and drinks to boost their calorie intake and maintain a healthy weight. One person told us, "I had an infection on my tongue, one of the carers noticed I was having trouble eating, so [staff] says you need to have soft food. It's very good, they liquidise it and it's all in separate portions. My tongue is better now so I'm gradually getting back to having normal food again."

People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs. A staff member told us about the assessment process which was completed prior

to the person moving into the service. This included visiting them at their own home, other care service or in hospital to discuss their needs. This assisted a good transition between services. Discussions with staff showed that the service worked with other professionals involved in people's care to ensure they received a consistent service. This included the commissioners for services and health care professionals.

People told us that they felt that their health needs were met and they were supported to see health professionals if needed. One person said, "They take my blood about once a week as I'm on warfarin. I think they would get me a doctor if I asked for one." Another person commented, "I know I could see a doctor if I needed." Another person told us, "I go to the doctors, dentist, opticians as I need to." Another person commented, "They have done a marvellous job with my leg, I have the same nurse every time. We have everything done for us here, we have a chiropodist, a hairdresser, a massager comes in with oils."

We spoke with a visiting professional who supported people with any physiotherapy need they had. They were positive about the care and support provided to people and the relationship they had with the service's staff.

Records showed that where there had been concerns about a person's health, they were referred to health professionals and any advice and treatment was recorded. Where people moved between services, for example if they required hospital admission, care records included important information about the person which would be transferred to hospital with them, including if they wished to be resuscitated.

People's views varied about if they felt that the staff had the skills to meet their needs. One person commented, "I'd call them adequate to good bar the odd one. For instance, if I want to go to the toilet they won't let me, they say I can't walk and that's rubbish...They get me up with the lifting machine, what a performance." Another person said, "I think staff have been trained alright." Another person told us, "They are very good at what they do."

Staff told us that they felt that they were trained to meet people's needs. A nurse told us that they received the training they needed to do their job. This included distance learning courses which supported them with their nursing validation. However, the training matrix provided to us identified that there were gaps in staff training. Not all staff had received training in dementia and challenging behaviour and safeguarding was not on the record. Where new staff had not completed a recognised qualification in health and social care, they were supported to complete the Care Certificate. This is a recognised set of standards that staff should be working to.

Staff told us that they were supported in their role and received supervisions. These provided staff with a forum to discuss the ways that they worked, receive feedback, identify ways to improve their practice and any training needs they had. The new manager had identified that there were gaps in the supervision provision to staff. They had completed an action plan and these were planned in for staff.

People were complimentary about the environment and how it met their needs and choices. One person's relative said, "I think the layout is great, the residents can just walk around in a circle, get exercise and end up where they started."

People's bedrooms included items of their personal memorabilia which reflected their choices and individuality. The environment had communal areas that people could use, including lounges and dining area. The dining room and sitting areas on both units appeared small in comparison with the number of people living there. A staff member told us that people chose where they wanted to eat and some preferred to eat in their bedrooms. There were areas in the service where people could see their visitors in private.

Chairs were periodically placed in corridors for people to rest.

The facilities were designed and adapted for use by people with limited mobility and users of wheelchairs. For example, bathrooms had wide doors, and grab rails in the corridors and bathrooms.

There were gardens which people could use. We saw a staff member walking with a person in the garden. One person told us, "The young [staff] are sweet, one took me out for a walk this morning, it was lovely." Another person commented, "We go in the garden, its beautiful out there. I don't think they have enough staff as they don't have much time to do that sort of thing." However, another person said, "I would love to go outside but they say it is too much trouble getting me in and out of the wheelchair."



## Is the service caring?

### Our findings

At our previous inspection of 26 March 2015, the rating for this key question was rated good. At this inspection the rating for caring had deteriorated to requires improvement. This was because the systems in place to protect people's privacy were not always followed.

People's care records were not kept securely. In each unit the care plans were stored behind a reception style area. In Woodlands they were stored in an unlocked cabinet and in Foxearth they were stored in a small room at the side of the area. In addition, in Woodlands the records, such as food and fluid charts were kept in drawers on the unit. All of these records could be accessed by other people and visitors to the service.

In Woodlands in the entrance to the communal lounge/dining area there was a record of a list of people's names who required fortified drinks, including cream shots. This information was accessible to people living in the service and visitors, which did not respect people's privacy. When we pointed this out a staff member told us that they used to be kept with the drinks trolley. On the second day of our inspection this was removed.

We saw that staff mostly knocked on bedroom and bathroom doors before entering. However, we also saw instances where staff walked into people's bedrooms without knocking or waiting to be invited in. One person told us, "Everyone is supposed to knock first and wait for you to say come in, but they don't always." One person said that the staff, "They [staff] come in around 5am and check the [continence] pad but they don't wake me, they just feel down there, that makes me angry."

There was a privacy screen in a toilet, a staff member told us this was used if staff needed to stay with a person for their safety and the screen was used to ensure their privacy whilst they were using the facilities.

People's care plans guided staff to ensure people's privacy, independence and dignity was respected.

People spoken with said that the staff were caring. One person said, "The carers are all very nice, caring, polite, patient with me. Sometimes they come and chat." Another person commented, "Most of them are gentle, very patient and polite." Another person told us, "Staff are kind and gentle, they must have a lot to contend with." Another person said, "They are kind and helpful. There is always somebody there for us. If we are not well they look after us." Another person said, "I've told the [staff] 'you are my family'." Another person commented, "The carers are not too bad, some of them are very good." However, two people shared with us that they were concerned about the approach of staff. We raised this with the management team and they told us that they would look into it.

We saw some examples of compassionate care. This included a staff member was supporting a person to eat their breakfast in their bedroom. They said, "You are an absolute star, I know you like the Beatles, I have heard you. Remember to swallow, yum, what do you think? When we have finished we can sing I want to hold your hand." They then talked about the sing song that was happening later in the day. A nurse



supported a person with their medicines and said to the person, "That's right, tip of the tongue, okay? And swallow." A staff member passed a person and said, "I love your orange top, you look nice."

There were actions by staff which showed people that they mattered. One person told us about how a staff member had wished them a happy birthday, which made them laugh. We saw a group of staff take a birthday cake to a person and they sang happy birthday to the person, who said, "I wanted coffee and walnut [for their cake]." This made everyone laugh.

One person's relative told us, "Staff are very friendly and welcoming. [Family member] always looks good and is clean." During our inspection a person's relative brought in a card and cakes for staff, the card said, "Well done, the quality of care, the standard of nursing is top of the league of care homes." This showed the positive relationships that staff had with people's relatives.

There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships. Staff talked about and with people in a caring and respectful way. This included positioning themselves at people's eye level to engage in effective communication. Staff spoken with were proud of the caring and friendly service they provided. Staff told us about how they had got to work when there was bad weather over the winter. This included walking to work and the management team sourcing a snow plough to clear the roads. They spoke about people in a compassionate way. The clearly knew people well and from our discussions it was clear that they wanted to provide people with a good quality service.

People told us how their independence was promoted and respected. One person said, "They have to wash me, dress me, do everything, I've been here so long they know what I can and can't do."

People told us that they made choices about their daily lives and the staff acted in accordance with their wishes. One person said, "It's up to me when I go to bed and I usually wake up naturally." Another person commented, "What are you going to wear today they say." Another person told us, "Staff are pretty good, very polite and helpful, they could turn their heads away, but they don't; and if you ask them to do anything they do it."

There was no evidence in people's care records that they or others, such as their relatives, had been involved in the care planning or reviews. The audits for care plans stated that people would be unable to participate in their care planning. However, people we had spoken with during our inspection all had the ability to speak about what they did and didn't like.

People told us that they could have visitors when they wanted them. Records included information about the relationships that people maintained which were important to them. One person said, "There are no restrictions, family can come and visit anytime they want. We can go out."

## Is the service responsive?

### Our findings

At our previous inspection of 26 March 2015, the rating for this key question was rated good. At this inspection the rating had deteriorated to requires improvement. This was because improvements were needed in how people's care was assessed, planned for and met.

People told us that they felt that they were cared for and their needs were met. One person said, "Yes, I'm very happy here." Another person commented, "I'm not awfully happy as I don't want to be here, but what I do get is very good." Another person told us, "It's nice to have everything done for you." One person's relative told us that the care their family member received, "More than reached my expectations." One person told us, "What I really need to do is walk. My family have asked if I can have a carer walk me for a five minute walk every so often but that hasn't materialised."

One person told us how their care supported their specific needs, "They wash my clenched hand every morning, they are very good." However, another person said that the staff did not always understand their condition, "I have [health condition], some days I don't want to do anything at all except curl up in the corner, staff at times don't understand."

There were inconsistencies in the care plans which we reviewed. For example, one person's care plan from their previous service stated that they did not drink tea or coffee. The care plan from this service guided staff to offer tea, coffee or apple juice. There was guidance for staff about how to meet people's needs and how their conditions affected their daily living, such as if people were living with dementia, if they had a stroke and behaviours that others may find challenging. However, other health conditions that people were living with did not provide the same detail.

One person's care records identified that their spouse had died in 2013, when their care plan was written. The care plan identified how the bereavement had affected the person and how staff were to support them. However, there were monthly reviews since that time stating, "No changes." Over the period of time, the person's views may have changed about how they spoke about their spouse, this had not been revisited. This was also the case for other care plans seen, the care plan was in place then there were pages of reviews. Some had information recorded in the review sheets relating to changes, then following reviews stated, "No changes," it was not clear if the reviews were of the care plans or the previous reviews. The care plans had not been updated when changes to people's care had happened. Therefore, it was difficult to see what the current arrangements were for meeting people's needs. This was a risk that people were provided with care which was not current to their needs.

The care plans and care records were difficult to navigate and to find the information needed. There was lots of information recorded in different places. This included a folder with the care plan and risk assessments, a folder with daily records and items such as food and fluid charts, another folder with the nurse's notes, another folder with people's DoLS forms, another folder with wound records, such as pressure ulcers and a bowel book. Because records were kept in multiple places they did not give a clear picture of the person's needs and care and support they had received. Some information was duplicated and some

information missing. We discussed the use of the bowel book with a staff member, who said this was used for the medicines round to assess if people required medicines. The manager said that they would look at a different way of recording this information.

On the second day of our inspection a staff member showed us a care plan which they had completed since the first day of our inspection. This was much improved and was written in a person centred way. The manager said that this style could be used for new people. This was because the provider had purchased an electronic care planning system after the first day of our inspection. Once this was received all care plans would be transferred to this format.

People's views about if they received meaningful activities varied. One person said, "It's a problem, I try and read, I look at the telly sometimes, I keep thinking about doing some knitting. I go to most of the activities, they are perhaps every other day, sometimes we sit in a chair and throw a ball, not my sort of thing. I don't feel my brain gets worked well enough here." Another person commented, "I watch the telly, otherwise not a lot, I never get bored. You are the first person in ages to come in and talk to me." Another person said, "All day I do nothing, read my book, I get a newspaper, [relative visits]. I get bored, especially since I used to do everything, going to the football, cricket, doing crosswords." Another person said, "I have books and newspapers to read, but I have always lived on my own. We did go to Framlingham Castle." Another person commented, "There could be more, we have bingo and a ball throwing, we have a sing song, there are a lot of things we can do but not necessarily what we want to do. I do get bored sometimes. I wish they would tell me when things are on." Another person said, "We are entertained here, entertainers come in, we have a man with an accordion." Because of the views we received from people it was clear that not all of the people felt stimulated with the activities on offer.

On the first day of our inspection we observed people playing a game of bingo in the Woodlands unit. It was interactive, people selected the balls and they were encouraged and praised when they got a number. On the second day we saw people playing instruments and singing in the Woodlands unit.

There were activities staff working in the service. As well as the in house activities planned, there was also an aromatherapist, hairdresser and religious services. There had been a recent visit to a local town and another was planned. There had been a garden party prior to our inspection to celebrate the service being open for 35 years. On the weekends there were students from a local school who did activities with people.

There were notices and photographs in the service about the activities provided. This included photographs of a recent trip to a local town in May 2018. A staff member delivered people's newspapers to them. The general manager said that they chaired meetings for people who used the service where they decided what activities and events they wanted.

People told us that they knew how to make a complaint and that they were confident that their concerns and complaints would be addressed. One person said, "I have no cause for complaint." Another person commented, "If I wanted to complain I would go to the head person." Another person told us, "If I needed to complain I would go to the manager, we have a new one starting, but I haven't met [new manager] yet. I know they would take it further."

There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed. Records showed that people's complaints and concerns were investigated and responded to in line with the provider's complaints procedure. This included giving a written apology where needed.

People's records included their decisions about the care they wanted to receive at the end of their life. For example, if they wanted to be resuscitated, where they wanted to be cared for, specific choices relating to their care at the end of their life and any arrangements they had made for their funerals. One person's relative told us that another family member had lived in the service and they had received good end of life care. They said that it was a comfort to know that their family member's favourite staff were with them at the end of their life.

A staff member told us that they felt that the service was good at supporting people at the end of their life. The explained how people's choices were discussed, including if they wanted to be at the service when they became unwell, "That means they are not hauled off to hospital in the middle of the night, which can be upsetting for them."

We saw notices in the service relating to the use of the Gold Standards Framework (GSF). This is a framework to deliver good end of life care. There were certificates of GSF recognition of excellent end of life care. People's records included their choices about the care that they wanted to receive at the end of their life or if they became unwell. This included where they wanted to be cared for and if they wanted to be resuscitated.

We saw surveys completed by people's relatives relating to the end of life care their family members had received. One stated, "I am very grateful for the care my [family member] received in [their] final days at Foxearth." Another said, "The treatment my [family member] received along with the care was amazing. We cannot thank Foxearth enough for making my [family member's] last few months they best they could." Another commented, "It was perfect. End of life care, nursing, communication was excellent."

## Is the service well-led?

### Our findings

At our previous inspection of 26 March 2015, the rating for this key question was rated good. At this inspection, there was a deterioration overall to the rating of the service and well-led to requires improvement. This was because the evidence and shortfalls we had seen during our inspection had happened over time and this had not been picked up by the provider or previous registered managers.

Since our last inspection there had been management changes with the registered manager who worked at the service during our last inspection de-registering in August 2017 and another registered manager being in place from October 2017 to June 2018. There was a new manager working in the service since 18 June 2018. They were planning to submit an application to the Care Quality Commission (CQC) to be registered manager.

As part of our inspection planning we looked at how the service made notifications to us. Notifications are incidents that should be made to us relating to deaths and incidents in the service. We had received notification of expected deaths of people living in the service and we had received notifications when Deprivation of Liberty Safeguards (DoLS) applications had been approved. However, we had not received notifications for serious injury in 2016, 2017 and 2018. We had received only one notification of abuse in 2017.

We reviewed incident and accident forms and found incidents including safeguarding and injury which we should have been notified of. In addition, we found records of one person who had a grade three pressure ulcer, which we had not been notified of.

This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009.

Records of incidents, including falls were poor and very few had been reviewed and analysed by senior staff. This was despite the incident and accident forms holding a section for the management to follow up. There was no information about control measures put in place to reduce future risks from happening. In addition, there were assumptions of how incidents had happened, which were not based on what the staff were actually aware of and had witnessed. For example, a staff member had written in a form, "Apparently tripped and fell and possibly hit head on chair or floor." Another stated, "Apparently caught arm on bedside table or bed rail." Another stated, "Agitated and was trying to escape all day." Shortfalls identified in the incident records included in October 2017 a person was found to have a skin flap on their arm. There was no record of how this had happened, investigation into the injury and any information about what actions had been taken. In January 2018 a curtain rail had fallen onto a person's head, again no follow up records were in place.

We saw one person who had a bruised face on the first day of our inspection and we could not find an incident form or a record in their daily notes. When we fed this back at the end of the first day we were directed to look at another folder of the person's records. We did this on the second day of our inspection and found that the incident of the person's injury was in the folder, however, there was no incident form

completed, there was a note stating there was not a form available so it was not completed.

Body maps were in place which identified any injuries on a person's body. However, these were used for multiple injuries and there were no attached records to show how these had been assessed and supported.

There were charts in people's records relating to their behaviours that may challenge others. However, some of these dated back to 2016, there was no evidence that they had been reviewed by the management team and used to inform people's care records.

The provider's own audits and checks had not independently picked up all of the issues we found at our inspection. For example, with recruitment, poor practice relating to medicines administration, the lack of PRN protocols, unsafe medicines administration practices, care planning and the multiple places that records were kept which did not support staff to provide a safe and consistent service. The monthly audits for medicines, privacy and dignity, and care planning had consistently been rated at 100% compliant since January 2018.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were some good audits relating to housekeeping and catering, these identified where improvements were needed and when they were actioned.

Since the new manager had started they had met with the management team and completed a service improvement plan dated 23 June 2018. This was early days and it was in the process of being worked on. Improvements needed related to safeguarding, incidents recording, log of notifications made, PRN protocols, staff competencies, medicines administration, recording of DOLS applications, staff rota, clinical reviews, dignity and respect, supervisions and organised records of staff meetings. During the second day of our inspection we saw the new manager undertaking medicines competencies on nurses and they were reviewing the staff rota. The new manager told us they and a general manager had found a mock inspection toolkit that they were planning to use monthly.

One staff member told us that they had a new manager who was introducing things to make them deliver care better. They said that the service was well run and that the providers and management team were approachable. They also said that there was always someone at the end of the telephone if they needed advice or support. Another staff member said about their colleague who they had worked with for many years, "They are the best bunch."

We looked at the organisation chart, which was not clear about responsibilities. The providers were at the top of the chart, with the general manager and previous registered manager as having equal responsibility over staff in other departments. We spoke with the new manager about this and the expectations of their role when they became registered. They had talked with the general managers about the organisational chart and this was being amended to identify the clear responsibilities of the management team.

People and relatives were complimentary about the provider and the management team. One person told us, "There are no complaints here, it's family run, lovely staff, it's very well run." Another person said, "What I like about this home is it's a family run business."

People and relatives were involved in developing the service and were provided with the opportunity to share their views. This included quality assurance questionnaires. There were satisfaction questionnaires in

people's records which had been completed by them and by their relatives. We saw the results for the survey completed earlier in the year these identified any actions taken as a result of people's comments. For example, ensuring the complaints policy was being displayed in the service, which it was.

People's comments varied about if they had the opportunity to share their views about the service in meetings. One person said, "I have heard of resident meetings, but I've never been to one." Another person told us, "I don't recall having a meeting ever." Another person commented, "We had one resident meeting, but it was only by chance I went to it, I didn't know until breakfast." Another person said, "They had a meeting about a fortnight ago, but I didn't go, that's the first one I've been aware of." Another person commented, "I have been to a residents meeting, they ask us what we think of different ideas."

We saw that the service displayed their rating in the service. However, this was not in place on the service's website. The general manager said that they were in the process of having the website updated and reviewed. We pointed this out on the first day of our inspection and it was addressed immediately.

There was information for staff in the staff room, this included a policy on the new General Data Protection Regulation which was implemented in May 2018. Training had been provided and guidance had been sought about how the service could comply to this. The audit for Data Protection in May 2018 stated that the service were implementing consent forms for people with capacity and non-capacity. However, there were no consent forms in people's records.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	<b>The provider had not notified us of notifiable incidents.</b>  Regulation 18 (1) (2) (a) (iii) (b) (ii) (e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<b>People were not provided with safe care at all times. The systems to assess and mitigate risks were not robust.</b>  Regulation 12 (1) (2) (a) (c) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<b>The systems in place to assess and monitor the service were not robust enough to pick up shortfalls and address them to provide people with a consistently good service.</b>  Regulation 17 (1) (2) (a) (b) (c) (f)