

# Outlook Care Foxburrow Grange

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Good 

### Overall summary

We undertook this focused inspection to assess the level of risk to people who used the service following information of concern we had received. Concerns included the safe care and treatment of people using the service, person centred care, sufficient and skilled staff and the management of the service.

This report only covers our findings in relation to the location being safe and well-led. You can read the report from our comprehensive inspection carried out 26 February 2015 by selecting the 'all reports' link for Foxburrow Grange on our website at [www.cqc.org.uk](http://www.cqc.org.uk). In the comprehensive inspection Foxburrow care was meeting the standards and had been rated as 'Good'.

Foxburrow Grange is a residential home providing accommodation with nursing care for up to 66 people in four separate units. Two of the units provide dementia care. On the day of our visit, 50 people were using the service.

On the day of our inspection, there was no registered manager in post. However, an application to be the registered manager with the Care Quality Commission had been made by a senior member of staff. The Head of Dementia Care had responsibility for the management of the service whilst this was in progress.

We found that improvements had been made to the management of the service and to people's safety and wellbeing.

The service had appropriate systems in place to keep people safe and staff followed these guidelines when

# Summary of findings

they supported people. There were sufficient numbers of care staff available to meet people's care needs and people received their medicine as prescribed and on time.

The provider had a robust recruitment process in place to protect people and staff had been recruited safely. Staff had the right skills and knowledge to provide care and support to people.

There was a strong manager who was visible in the service and worked well together with the team. People were well cared for by staff who were supported and valued.

Management systems were in place to check and audit the quality of the service. The views of people were taken into account to make improvements and develop the service.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

Good



The service was safe.

Risks to people had been identified and assessed and there was guidance for staff on how to keep people safe whilst upholding their rights.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe who had been recruited in line with current requirements.

People were supported with their medicines in a safe way by staff that had been appropriately trained.

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### Is the service well-led?

Good



The service was well led.

People and their families were involved in developing and improving the service.

The manager was a visible leader and aware of the day to day culture in the service. People who used the service and staff had confidence in the new management team.

The provider had arrangements in place to monitor, review and manage the quality of the service.

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# Foxburrow Grange

## Detailed findings

### Background to this inspection

We carried out an unannounced comprehensive inspection on 26 February 2015 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 met the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the quality of the service and to provide a rating under the Care Act 2014. Foxburrow Grange was awarded a rating of 'Good' in all five key questions.

In response to information of concern we had received, we carried out an unannounced focused inspection on 21 December 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We inspected the service against two of the five questions we ask about services: is the service safe and is it well-led. Three inspectors undertook the inspection.

We therefore reviewed all the information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events, which the provider is required to send us by law. We received information from representatives of the local authority, health and community services as to the level of care provided at Foxburrow Grange.

During the inspection, we spent time observing how people were cared for, the interaction between them and the staff who were supporting them. We spoke with the manager, six people who used the service and eight members of staff. We spoke with six relatives to obtain their feedback on how people were being looked after and kept safe.

We reviewed care records relating to nine people who used the service and other documents central to people's health and well-being. These included staff training records, staff recruitment and personnel files, medication records and quality audits.

# Is the service safe?

## Our findings

We had received information of concern regarding the way that people were being cared for, the amount of staff available to care for people safely and the administration of medicines.

People told us they felt safe. Comments we received from people included; “Staff are very good,” and “Yes, it is safe here.” A relative told us; “They do respond to any complaints I have.” Another said, “We know [relative] is safe here.”

Staff demonstrated an understanding of how they would safeguard and protect people from harm, for example if they saw bruising that was unaccounted for or there was a change in a person’s behaviour where they were frightened or anxious. One staff member said, “We know people well enough to know when something is not quite right.” Staff told us that any allegations would be fully investigated to ensure people were kept safe. One relative told us, “People are well looked after here and safe.”

The service had a system in place to safeguard people from harm, which included a safeguarding adult’s policy, procedure for staff to follow and the provision of relevant training. We saw a record of training undertaken by staff which showed they had been given the knowledge and skills to protect people in their care.

Staff were observed assisting people throughout the day to move from one place to another. We saw that they used moving and handling equipment to help people to transfer from wheelchairs to seating appropriately. Staff did this safely and calmly and explained to people as they went along what was happening. A review of the slings used with a hoist had resulted in the purchase of new ones for people’s increased comfort and safety.

We saw risk assessments were completed in the care plans we looked at so that staff knew how to prevent harm to people and keep them well. We saw examples of good practice and safe care which had been reviewed and updated with input from people and their families. For example, some people were at risk of malnutrition. The amount of food and drink they had was monitored and any changes required dealt with and recorded. Where people

were at risk of pressure ulcers, staff assisted people who were in bed to be moved at regular intervals to make them comfortable, which reduced the pressure to any one area of the body.

A sensor alarm system was in place in people’s bedrooms. A signal was raised and alerted staff when a person got out of their bed or chair in their room, needed assistance or someone else went into their room. The staff told us this system was effective as they could get to people quickly to ensure their safety and wellbeing. We saw that people were cared for in an unhurried way and people did not have to wait long for assistance.

There were a sufficient amount of staff on duty with the knowledge and skills to care for people safely and meet their needs. There had been an increase in the employment of permanent staff at nursing and care staff levels so the use of agency staff had been reduced. This meant that people’s care was provided in a consistent and safe way. Staff were aware of their roles, carried out their duties competently and treated people with dignity and respect. A relative told us, “It is much better now that agency staff are not used as much. It does make a lot of difference.”

Recruitment processes were in place for the safe employment of staff. Relevant checks carried out in line with legal requirements showed that applicants were suitable before they started work. Satisfactory references about people’s experience and character were on file and nursing staff were registered with the Nursing and Midwifery Council (NMC). Disclosure and Barring Service (DBS) checks showed that staff were not prohibited from working with people who used health and social care services. There were, however, some gaps in the employment history of two staff within their personnel files. The manager agreed to review all staff recruitment files and detail any gaps found. They confirmed that this had been completed within the timescale given and all gaps in employment had been accounted for.

Staff gave people their medicine in a safe and dignified manner. They had received the necessary training in medicine administration and competency checks had been completed. They told people what medicine they were having and supported them to take it at their own pace. Medicines were safely stored and administered from a lockable trolley and were returned and disposed of in a safe way. There were appropriate facilities to store

## Is the service safe?

medicines that required specific storage, for example those that were required to be kept in a fridge. Temperature checks of the refrigerator and the room were completed daily to maintain the medicines as prescribed.

People's individual medicine administration record (MAR) sheets had their photograph and name displayed so that

staff could identify people correctly before giving medicines to them. This minimised the risk of people receiving the wrong medicines. Staff had completed the MAR records accurately and stored them securely. One person said, "I am on some tablets, not sure which ones but they ask me if I am in pain and if I want any painkillers."

# Is the service well-led?

## Our findings

We had received information of concern regarding the monitoring of the quality of the service and the way in which it was managed.

We found that the service had the necessary management, quality assurance and improvements in place to provide them with a quality service which met their needs. One relative told us, "I think the home has gone through a period when things were not running very well. There were many temporary staff that did not seem to know people very well or their care but this has now changed. We are now happy with the care [family member] gets here."

The service had been developed with the involvement of people who used the service, their relatives and staff. The management team had been restructured, headed by a new manager, and they had shown they were open and honest about the issues of concern which had been raised.

Staff told us that the manager and senior staff were approachable and supportive. They had been listened to, encouraged to question their practice without criticism, and were involved in helping to develop the service. For example, designing a better rota system and having a choice of training they needed to update their knowledge and skills. One staff member said to us, "Something good has come from what the staff have said and we are asked our opinion much more now." Another said, "It's a nice place to work now changes have been made."

There was a clear vision for the service to be open and to involve and listen to people who used the service and their relatives. Monthly meetings, alternating between daytime and evening so that as many people could attend as possible, were held and actions recorded. The last meeting had been in December 2015. A relative told us, "The meetings are important for us to say how things are, especially if people can't say it for themselves."

The development of a group called "Friends of Foxburrow Grange" involved people who used the service, relatives and included volunteers from the local community. This group met to organise and raise funds for additional

activities and had a voice in how the service could be improved. The links with the local community provided the opportunity for stimulation, pursuing outside interests and forming new friendships for people using the service.

The manager was very visible in and around the service. They had established good working patterns and had clear expectations of how the service was run and delivered. They had been given the resources required to drive improvement, which had made a difference to the delivery of care. For example, the recruitment of permanent staff which had reduced the need for agency staff.

An audit of all quality assurance and clinical governance had been undertaken. This was to ascertain if staff were following the systems in place to provide quality care to people. These audits included medicine administration; care plan assessments and recording, health and safety in the environment, infection control and the monitoring of people's capacity to consent and those who were deprived of their liberty.

An overview of the management of information had found that a paper based and a computerised system was being used in relation to care planning and assessment. The manager told us that the lack of accurate recording in the computerised recording system had been placing people at risk and the management team had agreed to return to the paper-based system of quality checks. These had been reintroduced. We found that people's needs were being met as assessed as the accurate recording of information was in place to maintain their health and well-being.

The implementation of quality audits had been beneficial in assessing and monitoring the level and quality of the treatment and care provided to people. The records showed that there had been a reduction in pressure sores as people were being repositioned at regular intervals, people had put on weight as required and were hydrated, and the written records described people's experiences in a personalised and individual way.

In addition, information from concerns, complaints and compliments was used to understand and learn from people's experiences of the service. An action plan was in place to implement the necessary changes and drive forward improvements in the delivery of care for people using the service.