Foxholes Nursing Home Limited

Foxholes Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on 16 January 2017 and was unannounced.

Foxholes Care Home provides accommodation and personal care for up to 110 older people some of whom live with dementia. At the time of the inspection there were 59 people living at the home. Following our previous inspection of the service on 04 December 2015 we imposed a condition on the provider's registration to prevent them from admitting any further people to Foxholes Care Home because of the concerns found. At this inspection we found that the improvements made by the provider were sustained, the care people received was safe and effective. We took the decision to remove the condition for the provider to be able to admit people in the home.

There was a manager in post who registered with the Care Quality Commission. 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 and associated Regulations about how the service is run. The registered manager was also the provider.

When we last inspected the service on 8 June 2016 we found the service was meeting the required standards. However the governance around auditing, identifying and responding to concerns was not robust enough. At this inspection we found that the governance systems were effective in identifying any shortfalls and actions were in place to improve the quality of the care provided.

Staff obtained people's consent before providing the day to day care they required. We found that processes to establish if people had lacked capacity for certain decisions were followed in line with the MCA 2005 and where necessary best interest meetings were organised to develop an effective plan of care for people. The registered manager had submitted Deprivation of Liberty Safeguards (DoLS) applications to the relevant authorities to ensure any restrictions applied to people`s freedom were in line with the current legislation. Some of these applications were still pending an outcome.

People were accommodated in a purpose built environment which was clean and well maintained. Bedrooms were personalised and had en-suite facilities whilst still providing specialist bathroom facilities, several communal areas, dining rooms, an orangery room, a shop, hairdresser room, quiet lounges. People were able to choose where they wanted to spend their time.

We found that staff were knowledgeable about people`s needs and any risks of them developing pressure ulcers. People who required were repositioned regularly and staff followed recommendations from health care professionals when offering care.

Staff received training and were knowledgeable in how to safeguard people from any risks of abuse. They were able to describe what constitutes abuse and the reporting procedure they would follow to raise their

concerns.

People`s medicines were administered by trained staff who had a good understanding of safe medicine management practices. People told us they were seen by their GP regularly and staff were prompt in requesting a GP visit if they were in need.

The provider was monitoring people`s dependency levels and on the day of the inspection we saw senior staff re-deploying care staff to different units where there was a need for extra staff members. There was sufficient numbers of staff to meet people`s needs in a timely way.

People told us that the standard of food provided at the home varied. We saw that the meals served were hot and that people were regularly offered a choice of drinks. Staff monitored food and fluid intake for people who were at risk of losing weight and involved people`s GP and dieticians in their care to ensure people`s nutritional needs were met. People told us staff were kind and respectful in their approach. We observed staff were knowledgeable about people`s circumstances and the conversations we heard between staff and people suggested they knew each other well.

People told us they had opportunities available to pursue their social interests or take part in meaningful activities relevant to their individual needs. The provider recorded and responded to complaints in timely manner and where appropriate, lessons were learned and shared to staff to promote improvements to the service.

Staff were complimentary about the leadership of the home and they felt well supported in their role. They praised the commitment shown by the registered manager to constantly improve the service.

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.

Staff were able to tell us how they were safeguarding people form abuse. They were knowledgeable about reporting under the whistleblowing procedure to local authorities or the Care Quality Commission.

Risk to people`s health and wellbeing was identified and measures were in place to mitigate these.

People felt there was enough staff to meet their needs at all times.

People`s medicines were managed safely by staff who had been trained and had their competencies monitored by the provider.

Is the service effective?

Good

People felt staff were skilled and knowledgeable enough to meet their needs effectively.

People were asked to consent before staff delivered care.

People who lacked capacity to consent had best interest decisions in place following a best interest process.

People were provided with a varied menu and encouraged to have a healthy balanced diet. GP and Dietician's involvement was requested by staff if people had been identified as losing weight.

Staff received regular supervision and training. They felt supported in their role by the registered manager.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect by staff.

People had developed trusting relationships with staff who had a

good understanding of their needs and circumstances.

People or their rightful representatives were involved in planning their care and support.

People's dignity and privacy was promoted.

Is the service responsive?

Good

The service was responsive.

People were provided with a range of activities which enabled them to pursue their hobbies and interests.

People had their needs met by staff who knew their likes, dislikes and their preferences regarding the support they required.

People told us they were able to raise their concerns and complaints and these were investigated and responded by the provider or the manager.

Is the service well-led?

Good

The service was well- led.

Systems used to quality assure the service, manage risks and drive improvement were developed to make sure that potential risks and issues were identified and acted on promptly and appropriately.

People were aware of the management arrangements at the home and felt that the service was constantly improving.

Staff told us they understood their roles and responsibilities and had confidence in taking matters to the registered manager.

The provider had submitted notifications to the Care Quality Commission for incidents as they are required to.

Foxholes Care 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 made the necessary improvements and was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012.

The inspection was carried out on 16 January 2017 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.

We carried out observations in communal lounges and dining rooms and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to their complex health needs.

During the inspection we spoke with eight people who lived at the home, two relatives, five staff, a health care professional and the registered manager. We looked at care records relating to four people and other records relating to the management of the home.

Good

Is the service safe?

Our findings

People told us they felt safe living at Foxholes Care Home. One person said, "I think it's very safe here and can't ever recall feeling unsafe." Another person told us, "I feel very safe here; staff go over and above for me to have everything I need." Relatives we spoke with told us staff delivered care and support to people in a safe way. One relative said, "Before [previous inspection] it was a hit and miss but now it is more staff consistency and the care is safe and much better."

Staff we spoke with were aware how to safeguard people from abuse and avoidable harm. Staff knew how to identify the signs that could suggest a person was at risk of harm, and knew how to raise any concerns they may have had. One staff member told us, "Every time there is a fall or incident I send an internal form by email to the manager and team leaders about the incident, telling them about how it happened, what we have done and what needs to be done. Anything that I think is inappropriate, that may possibly harm a resident, in any small way I report as possible abuse." We saw that throughout the home, information about identifying possible harm or abuse was prominently displayed for people and visitors to read, that also gave the contact details for external organisations including the local authority and the Care Quality Commission.

People were supported by sufficient numbers of staff. People told us that staff responded promptly to their requests for assistance. One person told us, "There is plenty of staff here. I never felt rushed." Another person told us, "Staff comes quickly if I press my bell." A third person said, "I am happy with how many staff there are here, I feel confident if I press my call bell then staff will be along straight away."

People told us that there had been a number of changes recently to the staff; however, this was on one particular unit where there had been a higher incidence of staff sickness. The registered manager told us that attendance and sickness had been an area they had identified as requiring improvement, and demonstrated to us how they were actively implementing their disciplinary procedure to address poor staff attendance. The registered manager told us that there had been a number of staff leaving recently, and they continued a recruitment drive within the home to ensure they retained enough suitable care staff.

The management team used a dependency tool to review and assess the numbers of staff required in the home, however, the registered managers knowledge and observations of people was principally used to determine the numbers of staff needed to meet people`s needs. Where the home was significantly under occupied, and the registered manager was able to determine staffing levels using this informal method, they were aware that the dependency tool had to be used appropriately in the future as they continued to increase occupancy levels.

Staff employed at the home had gone through thorough pre-employments checks which included a criminal history check, two references and a full employment history. This ensured that staff working at the service were of good character and had the right to work in a care facility.

Risks to people's wellbeing were appropriately managed and reviewed regularly with clear guidance for staff

to follow to mitigate these risks. For example, people at risk of developing pressure sores were placed on the appropriate pressure relieving equipment that was set to the correct setting, and were regularly repositioned, also following an appropriate care plan to maintain their skin integrity. People who were at risk of falls, particularly when alone in their room were provided with a pendant alarm, observed more frequently when in their rooms, and had equipment such as a sensor mat to alert staff when they got up from the bed or chair.

People were supported to take their medicines as prescribed. Medication administration records had been completed when people took their medicines, and recorded the reason clearly for why people had refused to take their medicine at a particular time. Where medicines were refused they were then returned to the pharmacy. Where people were able to do they administered their own medicines, and kept them within their own bedrooms. Staff carried out regular checks to ensure the person had taken their medicine as prescribed. There was a robust system in place to monitor regularly that people had received their medicines. Staff ensured that daily stock counts were taken at the end of each medicines round, and on a monthly basis, staff undertook a further audit of documentation and medicine stocks. When we checked the stocks remaining, we found no errors or omissions. Where medicines were returned to the pharmacy at the end of each month, records had been completed and verified to minimise the occurrence of a mistake and copies of the returns receipt were maintained.

Good

Is the service effective?

Our findings

People spoken with told us that staff were suitably trained and experienced to support them. One person told us, "When they [care staff] help me I always feel like they are confident with what they are doing, so I don't have any concerns about their abilities." Another person told us, "Staff are very knowledgeable and know exactly what I need and how to support me."

Staff spoken with confirmed they had received an induction when they first started work at Foxholes, and were provided with continuing training to support them in their role. They told us they felt supported by the management team. One staff member told us, "I feel as if I have developed a lot since working here and learned a lot. I am now able to assess people [before admission] and am being trained to take on the champion's role. I have regular supervisions and meetings, and feel very supported." Another staff member told us, "I feel very supported and valued. I attend a lot of training to develop my skills and knowledge and pass it on to other staff."

Staff supervision and appraisal records demonstrated that staff had received regular meeting or annual appraisal to discuss their performance or development. These were not all provided in line with the provider's policy of quarterly meetings, but this had recently improved with most staff having received a supervision meeting in the last three months.

We looked at the training plan for the current year and saw that staff had undertaken training in a variety of areas. These included safeguarding adults, moving and handling, and infection control. The registered manager showed us that they also had booked training to be delivered shortly in areas such as end of life care, skin integrity and pressure prevention. They were working with the local authority and a local training provider which enabled staff to support people with more complex needs, such as people living with dementia. At the time of inspection, the registered manager was developing six champions within the home in specialist areas such as dementia, nutrition, falls, wounds and health care. These champions would then cascade their learning to other staff in the home and be a point of contact for any queries staff may have. One staff member who was currently training as a champion told us, "It is clear what we champions will have to do after we finish the training. We will be involved in jointly discussing people`s care and mentor staff on a daily basis to ensure they have a better understanding of people`s needs."

We saw that the registered manager had been proactive in performance managing staff who did not meet the criteria expected. In the last six months, eight staff had been either dismissed or resigned due to pending disciplinary actions. We saw the reasons given were for areas such as poor attendance, not meeting their probationary review, or other disciplinary concerns.

Throughout our inspection we saw that staff sought to establish people's wishes and obtain their consent before providing care and support. One person told us, "There is no restriction at all here. I do as I please and I am given plenty of choice. Nothing will happen if I don't agree." Another person commented, "It is very good here. They [staff] show me respect and they ask what I want all the time." We found that consent to care had been obtained from people in line with the Mental Capacity Act (MCA) 2005. People's capacity to

make decisions had been properly assessed, determined and reviewed where necessary. For people who lacked capacity to take decisions these were made following best interest processes involving health and social care professionals and people's family members when this was appropriate.

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). The manager had submitted deprivation of liberty applications to the local authorities for people who had limitations of their freedom in place to keep them safe. Some authorisations were approved and some were still waiting for approval; however staff and the registered manager ensured that these limitations were at least restrictive as possible.

The views of people were mixed about the food provided. One person told us, "The food is very good, the Christmas Day dinner was exceptional, and as good as you would get from a restaurant." Another person said, "It's up and down, some days it's lovely and appetising, but other days it's not so good, so I tend to not eat so much."

Relatives told us they felt the food has not been as well presented as they were led to believe when they were given the brochure to read, before their relative moved in the home. One relative told us, "The food is not as good as you would expect. The brochure we were given in the beginning suggested restaurant standards however lately this hasn't been the case."

We discussed this with the registered manager who told us they had listened to people`s feedback and they recently appointed a new chef one week prior the inspection. They told us the previous chef had not met the expectation people and the registered manager had from them regarding the quality of the food served.

We observed throughout the inspection and saw that people were provided with sufficient drinks and snacks throughout the day. Staff were very attentive to people`s requests and staff were observed on the ground floor getting people numerous tea's, coffee's, juices, water and ice cream. At lunchtime, people were able to choose where they ate their meal, and given a verbal choice of what they could eat that day. However, best practise for people who live with dementia is to visually show the meal options so people indicate their choice more effectively. Staff had not given people visual choice; however the registered manager told us this will be further developed by the dementia champion after they finished their training.

People were assisted in either the communal dining areas or their bedrooms with their meal and where then offered further helpings. People who did not eat their meal were offered an alternative if they wished, and staff were aware of people's dietary needs, such as those on soft or pureed meals. Where people required a soft or pureed meal this was provided to them, along with specific dietary requirements such as allergies or intolerances.

People were weighed regularly and where weight loss was identified staff informed the person`s GP and a dietician which ensured they had specialist advise in meeting people`s nutritional needs. Where necessary, staff then weighed people weekly to ensure their weight gain, or loss was closely monitored and reported. The cook fortified people's meals and for those people who required additional nutritional support,

supplementary nutritional drinks were prescribed by the GP. Staff also monitored people`s fluid intake who had a lower intake than their usual daily amount and then encouraged them to drink more.

People and their relatives told us that if a person's health deteriorated they were referred quickly for support. People living in Foxholes were supported by a range of health professionals, including the GP, chiropodist, district nursing teams, dentist, dieticians and speech and language therapists. The registered manager had also organised weekend visits by the GP, so they could respond to people's changing needs without the need to refer to the hospital or out of hour's surgery. Staff told us that the GP regularly visited at weekends, and the registered manager frequently attend to the GP rounds to monitor people's health. During the inspection, the GP was completing their round, and reviewing people who had become unwell. One visiting professional told us, "The staff are quick to call, and also have the basic information we need at hand to review them when we get here, and whatever action we suggest them to follow they will."

Good

Is the service caring?

Our findings

People and relatives praised the staff at the home. They told us that staff were kind, caring and had a respectful approach towards them. One person said, "The girls [staff] are very nice and kind." Another person said, "The staff here is lovely. They are smiling, kind and very respectful."

People told us staff understood their needs and they respected people`s privacy and dignity. One person told us, "Staff is respecting my personal space, my privacy and dignity. They are really good." Another person said, "They [staff] make every effort to respect my privacy and dignity. They knock on my door every time before they come in."

We observed staff knocked on bedroom doors and asked whether they could enter. They closed doors behind them when giving people personal care. Staff spoke to people appropriately and respected their choice of what they wanted to do each time and how they wanted it done. For example, we saw staff asking people how they would like their food or what activity they would like to do. One person told us, "Oh yes, they really know what I like. They always ask me if I want to go to the activities or I want to stay in my room." Another person told us "Considering I only came here a short time ago, they [staff] really knows me and knows what I like." This demonstrated that staff knew people`s likes and dislikes and they offered care and support to people in a caring and respectful way. One relative told us, "Staff knows people very well. It really helps that it is permanent staff and we know them and they know us."

We observed staff interacted and responded to people in a positive manner and spent time with them doing activities they enjoyed. Staff were calm and got close to people when talking to them. Where needed staff would repeat information over again until the person understood what was being said.

People and their relatives told us they were involved and knew about their care plans. They told us they discussed their care needs with staff and they received care and support as they wanted. One person said, "Yes we discuss my care plan and needs. The care and support I get here is good." Another person said, "I came here just for a short time until I am well enough to go home. We regularly discuss what is wrong with me and what support I need. I am aware that I have a care plan." One relative told us, "[Person] been here a long time and they [staff] are good at reviewing the care plan. We have discussed [person`s] wishes and everybody is aware what they want." Staff involved relatives to be the `voice` of the people who were not able to actively participate in planning their own care.

The atmosphere in the home was calm and welcoming; staff greeted every person and visitor with respect and engaged in conversation which suggested they knew visitors as well as they knew people. One person told us, "They [staff] welcomed me at the door when I came in here. It was very nice to have them greet me at the entrance. The manager also came to introduce themselves. I did feel important." We observed staff effectively supporting people who lived with dementia. They were able to tell us people`s life histories, preferences and they took real interest in understanding people`s behaviours.

Private and confidential records relating to people's care and support were securely maintained in lockable

offices. Staff were able to demonstrate that they were aware of the need to protect people's private and personal information. This helped ensure that people's personal information was treated confidentially and respected.

Good

Is the service responsive?

Our findings

People`s care plans were detailed, up to date and provided good information for staff about how to meet their needs, such as maintaining safety, personal care, eating and drinking. There was personal information about people's preferences, dislikes and preferred routines detailed enough for staff to know how to offer care and support for people in a personalised way.

People were supported to follow their own pursuits and interests or to participate in wider events within the home. On the day of our inspection, the activity staff were inviting people to a poetry and quiz event being held in the library. People from all units were invited to attend, and those who did told us they had enjoyed the time. One person said, "They keep our brains ticking over here with the different things they organise." Another person said, "There is always something going on, music, church, quizzes, and all sorts. I am not bored."

A varied program of activities were delivered to people throughout the week, and staff also provided themed events throughout the year, such as recent Christmas parties and planned events for Easter. One staff member told us, "We engage the residents every day, either to get them to join in with the others, or for those who can't we make sure we spend time with them doing what they want to do. We have done loads of different things, but some of the favourites were baking cakes, and then eating them, puzzles, movie nights, wine tasting, parties and singing and dancing. The residents will also tell us what they want to do, and the activity staff then try their very best to make it happen."

We saw that minutes of meetings held with people demonstrated that people were able to suggest a variety of different activities. We saw that from a recent meeting held in January 2017, people had asked staff to look at organising trips to a local safari park, cathedral, farm and seaside visit. This was planned by the activity coordinator to happen when the warmer weather comes."

People told us they felt able to raise a complaint with both staff and the registered manager. One person said, "[Manager] is straight onto any problems if I tell them and is very quick to get the problem sorted for me so yes, I feel very comfortable in approaching them." In addition to raising complaints with the management team, details were available for people and relatives of an independent complaints officer who they could write to. This person investigated their complaint and provided them and the provider with a copy of their findings. This helped to ensure that complaints were managed robustly and people and relatives had the opportunity to raise any complaints they may had about the provider or the registered manager who were one in the same person.

People and relatives were able to attend regular meetings with senior staff and the registered manager where they were able to freely discuss matters relating to the management of the home, concerns or compliments they may had.

Good

Is the service well-led?

Our findings

At our previous inspection we found that the home did not have a registered manager in post and governance systems were not in place to effectively review and improve the quality of care people received. At this inspection we found that improvements had been made.

Since our last inspection the provider has registered as the manager. We discussed how they would carry out an independent review of the service, as the dual registration as both provider and registered manager meant that they were unable to effectively audit themselves. They told us that they had identified an external organisation, who would carry out an inspection type review of the home, and provide them with a report, that they were then able to develop areas to improve from. This system at the time of inspection was not in place; however plans were in place to shortly commence.

At our last inspection we found that incidents and accidents had not been thoroughly investigated and did not always trigger a review of a person's care. At this inspection we found that improvements had been made and the registered manager continued to develop this further. We saw that where people had experienced an accident, or had suffered an injury, staff investigated this swiftly and reported the matter to the registered manager. They ensured all appropriate actions had taken place, and that a review of the persons care had taken place if required. For example, we saw one person who had a history of falls, the registered manager had reviewed the number and type of falls this person had sustained the previous month, and ensured that actions to mitigate the risk were in place. For a second person, who frequently became restless and agitated the registered manager had spoken with staff and reviewed the number of incidents and identified that this person required one to one support when out in communal areas. In response they had redeployed staff to support this person, which had reduced the number of incidents since our last inspection.

We found that the registered manager focused on individual people when they reviewed incidents and accidents, and not on the number of incidents, accidents, safeguarding concerns across the home. This meant that they could not use the information collected effectively to consider staffing numbers or deployment of staff around the home. However, we were shown a range of new audit tools that the provider was introducing imminently. These included the areas identified above, in addition to a further range of audits and checks.

The registered manager had undertaken a full range of audits to monitor the service themselves, with little assistance from other staff. This was because they were in the process of training and developing staff into key champion roles to take on these responsibilities, and then report back to the registered manager their findings. We spoke with one of the champions who would be reviewing falls within the home, who confirmed the plans in place. They told us, "I'll be taking over all the falls analysis at this month, and part of that will be to look at how people fell. I will review the times, staff working, number of falls and injury to see about trends, but also will look at the environment, whether the area was well lit, anything that might be a risk." The Registered Manager told us that the analysis for trends and patterns would be ready at the end of January, and they would send a copy of this to CQC to review regularly.

The registered manager told us, that behind the paper auditing systems they were also developing a longer term electronic management system. This system once implemented and utilised would enable the staff and management team to review and monitor both people`s individual needs and the whole home, which would identify improvements needed around areas such as falls, staffing levels, alerts when people's care has not been reviewed, or when time specific duties such as repositions or medicine administration had not been carried out.

People we spoke with and staff were positive about the management team and the registered manager. People told us they were visible within the home, and felt they could approach them. Staff spoken with were clear that the registered manager was supportive and responsive, but also that they were clear in their approach that poor performance would not be accepted. One person told us, "[Registered manager] and all the managers are always out and chatting to us, checking we are happy with things, and if something ever happens then they are straight there, morning or night. [registered manager] was here last night way beyond when I went to bed I think, so that tells you they are hands on." One staff member told us, "They [registered manager] are there if I need them, happy to help me, but we know very much where we stand if we do not meet their standards."

Staff attended regular team meetings with their team leader and the registered manager. Minutes from these meetings demonstrated that staff had discussed various areas, such as staffing, sickness absence, people's changing needs and improvements around care delivery. Separate meetings were held for team leaders, care staff and night staff and specific topics relating to those roles were discussed. However, the registered manager acknowledged that team meetings could be further structured to included regular agenda items, such as reflecting on complaints received or safeguarding concerns, to enable all staff to consider how they could learn from the incidents and improve performance.

The views of people who used the service, relatives and health professionals had been sought and completed by an independent organisation contracted by the provider. This provided them with an independent assessment of the quality of the service they provided, and also an action plan for them to implement. The responses to the survey were positive from people who said they felt safe, were supported by staff who they felt were sufficiently trained, and that they could raise concerns and felt staff listened to them. At the time of the inspection, a new survey was being completed, and the registered manager told us the results would be shared with people, staff and visitors once compiled.