Foxley Lodge Residential Care Home

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Inspection Report

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Date of inspection visit: 08/04/2014
Date of publication: 08/06/2014

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Overall summary

Foxley Lodge Residential Care Home provides residential care for people living with different stages of dementia. During the time of this inspection it was providing care for twenty people.

The home is arranged over three floors. On the ground floor, there are two separate lounges, a kitchen, dining room, and the manager's office. There is a large outdoor space for people to spend time in. Bedrooms are arranged over all three floors and eighteen out of the twenty two bedrooms are en-suite. There was a registered manager in post at the time of our inspection.

People told us they were happy at the home and that they felt safe. Staff had completed safeguarding training and were aware of the procedures to follow if they had any safeguarding
concerns.

The premises and equipment were managed appropriately. The home was well maintained and equipment was serviced regularly. There was a working lift and stair lift at the home. Service records for fire alarm, call bells, smoke detectors and other equipment were seen.

The provider was in the process of reviewing the care plans and risk assessments. Where they had been updated, we saw that the care records were individual to people using the service and were person centred.

People were supported to eat if required. They were given enough time to finish their meals and were not hurried.

We observed interaction between staff and people using the service during lunch and during some activities. Staff tried to involve people during activities which people enjoyed.

We looked at training and supervision records for staff. We saw that staff had attended mandatory and more specialist training based on the needs of the people using the service. Supervisions were carried out on a regular basis by senior staff.

We found that there were sufficient numbers of staff with the right skills and experience to meet people's needs. Staff that we spoke with felt staffing levels at the home were sufficient. People who used the service told us there was always someone available to help.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the location to be meeting the requirements of these. We found that while no applications had been submitted, policies and procedures were in place but no applications had been necessary. Staff had received training in the Mental Capacity Act (MCA) and DoLS. People's human rights were therefore properly recognised, respected and promoted.

People had individual risk assessments which covered a number of different areas such as mental health, appetite, personal care, medication and falls. These were reviewed monthly by the manager, deputy manager, or senior staff at the weekends. Although risk assessments were reviewed regularly, we found some inconsistency in the recording.

The home was arranged over three levels. There was a working lift at the home and records showed that it was serviced every year. There were also some stair lifts available and these were tested as working. We saw service reports for the fire alarm, emergency lighting, smoke detectors, and a report from the London Fire & Emergency Planning Authority which rated the premises as satisfactory. These had all been carried out within the past year.

Are services effective?

Care records recorded people's preferences. They were updated regularly and signed by staff and people using the service or their relatives. Some people using the service did not have any family or relatives that were involved in their care. In these instances, they had access to advocacy services that were able to speak up on their behalf.

Care records that we saw included a body maps and weight monitoring charts. People were referred to healthcare professionals such as chiropodists, opticians, dentists, district nurses and community psychiatric nurses if required.

People's preferences were considered when planning menus. People were assessed to identify risks associated with nutrition and hydration, especially those with complex needs. Some people at the home required food to be softened to enable them to eat more easily. Staff supported these people during lunch.

Summary of findings

Newly recruited staff were supported to understand people's care needs and preferences. New staff completed an induction and shadowed an experienced care worker so that they became familiar with people's needs. Staff supervision and appraisals were carried out regularly by senior staff.

Are services caring?

People living at the home lived in single bedrooms. Eighteen bedrooms out of twenty-two were en-suite which afforded people privacy and independence. Call bells were present in every bedroom and bathroom and were within reach of people. We noted that staff responded quickly to call bells that were activated.

We observed the interaction between staff and people using the service. We saw that people were treated with kindness and respect. People were given enough time to finish their meals and were not hurried.

People using the service told us that staff listened to their concerns and supported them when needed. Resident meetings were held every two months and surveys sent to relatives, relatives' meetings were not held.

Are services responsive to people's needs?

Although there was not a dedicated activities co-ordinator at the home, a named member of staff was responsible for the activities on each shift. We carried out an observation during an afternoon activities session and saw that staff participated enthusiastically and tried to involve people.

We saw the complaints' procedure and file. We saw that the provider had received two complaints in the past year. These had been recorded and appropriate action had been taken. There was a post box by the front door for written complaints and suggestions and forms were available for completion.

Are services well-led?

There was a registered manager in post and all other conditions of registration were being met at the time of our inspection. The provider had recently recruited a deputy manager to assist in the running of the home; this allowed the registered manager to delegate tasks, such as care plan reviews and supervision of staff.

The provider kept a record of any complaints and we saw that action plans were put in place to try and prevent similar complaints in the future. Staff told us they used staff meetings as a forum to discuss improvements to the service or as an opportunity to learn from mistakes. Staff told us they felt supported.

Summary of findings

We found that there were sufficient numbers of staff with the right skills and experience to meet people's needs. There were a number of different working shifts at the home with varying levels of staff numbers. Staff that we spoke with felt staffing levels at the home were sufficient.

Summary of findings

What people who use the service and those that matter to them say

We spoke with six people who used the service and a community psychiatrist.

Some people that we spoke with were able to express their views and told us that they were happy with the care they received. One person told us, "I feel safe." Another person told us that they would talk to the manager if they were worried about anything.

People who used the service felt that care workers treated them with respect. One person said "I have privacy in my room." Another person told us "staff are caring." One person who had lived at the home for a number of years said "the manager's wife (who was an employee of the service) knows everyone by name", "they get you new clothes" and "there is a smoking room upstairs." Another person told us "staff listen and are caring."

People told us they would speak with staff if they had any problems. One person told us "I have a broken lock on my door, I told someone and they will fix it. I am not worried." People using the service told us that staff listened to their concerns and supported them when needed. One person said they liked to do embroidery and knitting in their room and "staff buy everything I need."

They told us there were enough staff at the home to support them. One person said "there is always someone to help."

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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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

The inspection team consisted of a lead inspector and an Expert by Experience (Ex by Ex) in caring for older people and those with a diagnosis of dementia. The inspection team visited the home on 8 April 2014.

On the day of the inspection we spoke with six people using the service and seven staff, including the registered manager, deputy manager, and care workers. We also talked with a community psychiatrist who was visiting a person using the service. We looked at a number of records, including six care plans, training records, and various policies and procedures. We also carried out a 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.

Before the inspection, we reviewed all the information we held about the provider. At the last inspection in January 2014, there were no concerns identified.

Are services safe?

Our findings

People using the service told us that they felt safe living at the home. One person told us, “I feel safe.” Another person told us that they would talk to the manager if they were worried about anything. We spoke with staff about the safeguarding procedure at the home and they were clear on what steps they would take if they had safeguarding concerns. They were able to identify the different types of abuse and what signs they would look for. One staff told us, “we know the residents well so if someone is acting differently then I will ask them”, another staff told us, “if I have concerns, I would speak to the manager.” We looked at training records which showed that staff had recently attended training in safeguarding vulnerable adults.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). We found that while no applications had been submitted, policies and procedures were in place but no applications had been necessary. Staff had training in the Mental Capacity Act 2005 (MCA 2005) and DoLS. Relevant staff had been trained to understand when an application should be made, and how to submit one. Training records showed that the majority of staff had completed training in the MCA 2005 and DoLS as part of their ongoing training.

We spoke with staff and found that they were aware of the risks to people and how to manage these. We looked at recorded risk assessments for people using the service. People’s individual risk assessments covered a number of different areas such as mental health, appetite, personal care, medication and falls. These were reviewed monthly by a senior member of staff. Although risk assessments were reviewed regularly, we found some inconsistency in the recording of them. In one example, we saw a personal evacuation plan risk assessment for a person who was identified at being at high risk due to reduced mobility. However, there was no action plan in place to minimise the risk for this person if there was a need for an emergency evacuation. In a second record, there was a falls risk assessment dated December 2013, there were subsequent falls assessments seen within the care records with later dates and staff initials but the action plan had not been updated. We spoke with the manager about this and were told because the care plans were reviewed on a computer system, they would be prompted to input any action plan. The provider needs to ensure that staff are vigilant when reviewing risk assessments and that any reviews or actions to minimise risk are recorded accurately and in a timely manner.

The home was arranged over three levels. A cleaner was employed on a full time basis to ensure the home was kept clean. There was a working lift at the home and records showed that it was serviced every year. Stair lifts were also tested as working. We looked at maintenance records kept at the home and saw that equipment was serviced regularly. Food in the fridge was labelled with the date it was opened or prepared and when it was to be used by. Records were kept of fridge and freezer temperatures.

We saw service reports for the fire alarm, emergency lighting and smoke detectors which had been checked in March 2014. A report from the London Fire & Emergency Planning Authority dated September 2013 rated the premises as being satisfactory. Other maintenance records that we checked included water testing for legionella, gas safety, Portable Appliance Testing (PAT) and the aid call system. These had all been carried out within the past year.

Are services effective?

(for example, treatment is effective)

Our findings

There was a four week rolling menu at the home and although there were no specific cultural dietary requirements at the present time, staff were aware of what types of food people enjoyed and we saw that these were considered when planning the menus. A care worker explained that every evening as part of 'activities' people were shown photographs of meals for the next day, and were able to choose what they wanted. If people selected medically meals, they were supported to choose an alternative. We spoke with the chef and registered manager about the dietary requirements of people living at the home; we saw that these requirements were displayed in a folder in the kitchen and also recorded in people's care plan.

Staff completed risk assessments for people to identify risks associated with nutrition and hydration, especially those with complex needs. Some people at the home required food to be softened to enable them to eat more easily. Staff were aware of these people and we saw that they were supported to eat by staff during lunch. Other people were diabetic and so required a special diet. Food that was suitable for diabetics, vegetarians, or could be softened was identified on the menu. We saw that people were offered choices with regards to food via the use of pictures. This helped people with difficulties communicating to decide on what they would like to eat.

Staff told us that people's preferences were recorded in their care plans. Care records that we saw recorded people's consent and showed that they were consulted about their care. We saw evidence that care records were updated regularly and signed by staff and people using the service or their relatives. Some people using the service did not have any family or relatives that were involved in their care. In these instances, they had access to advocacy services that were able to speak up on their behalf. People were assigned a key worker whose role it was to ensure their needs were met and make any health appointments that were needed. One staff told us "we read the care plans, talk to people and get to know them slowly", another staff said "the care plans contain a lot of information but you get to know about people by talking to them."

People were able to express their views about their health and quality of life outcomes and these were taken into account in the assessment of their needs and the planning of the service. We looked at some care plans that had been updated recently and saw that they contained a section entitled 'this is me' which recorded people's home and family life, their early and late life. There was another section called 'about me' in which people wrote down things that comforted them, things that upset them and how they communicated effectively. Staff told us that they tried to find as much information as possible about people's lives as it helped them to "build a picture of people." They got this information from relatives, social workers, previous places of residence and from talking to people. Staff told us this helped them to develop people's care plans.

Care records that we saw included body maps and weight monitoring charts. Referrals to healthcare professionals such as chiropodists, opticians, dentists, district nurses and community psychiatric nurses were seen and these visits were recorded. We spoke with community psychiatrist who was visiting one of the people living at the home, they told us they had seen positive changes in the person's behaviour since they moved into Foxley Lodge and they were satisfied with the progress made that they had made. They told us the person "has settled in very well." The deputy manager explained that people were registered with one of three local GP practices, and the list of practices and the people registered with them were seen. We saw in some cases where people were unable to visit their GP, due to mobility issues, a request had been made for a home visit.

Newly recruited staff were supported to understand people's care needs and preferences. New staff were given an introduction to working practices and access to relevant policies and procedures. They shadowed an experienced care worker for two weeks so that they became familiar with the home. Staff told us they enjoyed working at the home, some of the comments included, "it's a nice place to work", "the manager is available to speak to", and "we have a good team here, very supportive." People using the service told us "staff are very good here" and "hardworking."

We looked at training records for staff; we saw that the provider had planned training so that people received effective care from staff. Training included mandatory training such as fire safety, first aid, infection control and moving and handling and more specialist training based on the needs of the people using the service. This included

Are services effective?

(for example, treatment is effective)

mental health, risk assessments, pressure ulcer management, pain awareness, diabetes and person centred planning amongst others. Although there were some gaps in the training records that we saw, the registered manager had identified those staff whose training needed to be renewed and we saw evidence that training had been booked for them. One staff told us, "I did some safeguarding training a few weeks ago." This was confirmed in the training records for this person.

We looked at supervision and appraisal records for staff. Supervisions were done every two months and appraisals were undertaken yearly. These were carried out by the registered manager or deputy manager. The registered manager told us they found this an effective way of communicating with staff on a one to one basis and it gave them a chance to discuss "training, areas for improvement and any other issues."

Are services caring?

Our findings

People using the service told us that staff listened to their concerns and supported them when needed. One person said they liked to do embroidery and knitting in their room and "staff buy everything I need." Another person told us "staff listen and are caring." Residents' meetings were held every two months and surveys were sent to relatives to gather their views on the service. Relatives' meetings were not held; the manager told us that when these had been held previously, the turnout had been very low.

People living at the home lived in single bedrooms. Eighteen bedrooms out of twenty-two were en-suite which afforded people privacy and independence. Call bells were present in every bedroom and bathroom and were within reach of people. We noted that staff responded quickly when call bells were activated. People told us they were treated with kindness and respect. One person told us "staff are caring." A photograph of each person was attached to the door of their room which helped them to locate their bedrooms, and consent for having a photograph taken was recorded in the care records that were reviewed. One person who had lived at the home for a number of years said "the manager's wife (who was an employee of the service) knows everyone by name", "they get you new clothes" and "there is a smoking room upstairs."

Although staff attended training in treating people with dignity and respect, training records that we saw indicated that not all of the staff had attended this training.

We saw that people were treated with kindness and compassion and that their dignity was respected when we observed the interaction between staff and people using the service. A care worker told us "I treat people here like my own parents." It was observed that staff were kind and compassionate, for example, we saw staff involving people in a game where they had to throw rope circles over numbered poles. Time was taken to explain how the game worked, and people were helped to get a good score. Another activity that was observed was called 'memory box', where each person had a box in their room containing items from their past provided by relatives. The box was brought from the room and individual items were reviewed by the care worker with its owner. Where people did not want to do this (as was observed in one case), their wishes were respected. Staff tried to encourage people to get involved in the activities.

We observed lunch during our inspection. Staff escorted people patiently from the lounge to the dining room. The general atmosphere during this time was calm and friendly. The meals were prepared in the kitchen and offered to people in the dining room. Two people were supported to eat their meals in their rooms. We saw that people who were supported to eat in their rooms were not neglected and were offered their meals at the same time as those in the dining room. People were given enough time to finish their meals and were not hurried. Staff were then observed escorting people back to the lounge where they were offered drinks and biscuits which were being served from the trolley. People were given a choice of drinks. Staff offered drinks to people throughout the day.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Each person underwent an assessment to understand their capacity to make decisions. These assessments were seen in the care plans that we looked at. The manager told us that if people were found to lack the capacity to understand and make informed decisions their next of kin would be involved when reviewing their care plans. If decisions needed to be taken and people had no next of kin, their social worker would be contacted to arrange for an Independent Mental Capacity Advocate (IMCA) for them. Best interest meetings would be held to come to a decision regarding people's care.

A named member of staff was responsible for the activities on each shift. There was a comprehensive documented activity schedule for both specific times during the day and the different days of the week. A care worker said the activity schedule was devised by the manager; it was reviewed at monthly staff meetings, and could be changed if needed. The deputy manager told us "we follow the Alzheimer Society format for activities." A care worker told us they had received activities training from the registered manager the previous week; another one care worker who told us they worked as a team when leading the activities.

We carried out a Short Observational Framework for Inspection (SOFI) during an afternoon activities session and saw that all the staff participated in the activity. We found that although the activity was run well, in some instances people were not fully engaged by staff. One person was not engaged in the activity and different staff went to check on them person every few minutes. Other activities that were observed were run well and staff tried to include as many people as possible. Staff told us they took people out locally in the community and held activities in the garden in the summer.

We saw the complaints' procedure and file. The procedure included timescales of when action would be taken and other people who could be contacted if the person was not happy with the internal investigation. These details included the local authority and CQC. We saw that the provider had received two complaints in the past year. These had been recorded and appropriate action had been taken. People we spoke with said they would feel confident in raising issues with the manager if they needed to. One person told us "I have a broken lock on my door, I told someone and they will fix it. I am not worried." There was a post box by the front door for written complaints and suggestions and forms were available for completion. This meant that people's concerns and complaints were explored and responded to in good time.

Are services well-led?

Our findings

There was a registered manager in post and all other conditions of registration were being met at the time of our inspection. The provider had recently recruited a deputy manager to assist in the running of the home; we saw that this had a positive impact on the running of the home as it allowed the registered manager to delegate tasks to the deputy manager, such as care plan reviews and supervision of staff. The deputy manager had previous experience of working in a larger care home. The registered manager and deputy manager were observed helping people with meals in the dining room at lunch time. They were observed interacting with people and staff in a positive way. People who used the service were familiar with the manager and felt comfortable with them.

Staff that we spoke with told us that they worked well as a team and supported each other. One staff told us "we are all honest and open with each other." Staff had a good understanding of the values of care work, one staff member said, "I treat people like how I would like to be treated", and another said "we are responsible for the residents here." We observed good practice during our inspection and saw staff treating people with respect. Staff said they would not hesitate to raise concerns about the service. There was a whistleblowing policy at the home.

The provider kept a record of any complaints and we saw that action plans were put in place to try and prevent similar complaints in the future. There had been no whistleblowing or safeguarding concerns since the previous inspection. Staff told us they used staff meetings as a forum to discuss improvements to the service or as an opportunity to learn from mistakes. Staff meetings were held regularly and minuted. We looked at a record of these minutes and saw that they were used to discuss any areas of concern, any changes to policies and to get feedback from staff.

We found that there were sufficient numbers of staff with the right skills and experience to meet people's needs. There were a number of different working shifts at the home with varying levels of staff numbers. During the day there were five care workers and in the evening there were three care workers. There were two waking care workers at night. A senior staff member was on call during the night for any emergencies. Staffing levels at weekends were slightly reduced, with four care workers during the day instead of five. There was always one care worker allocated on the rota for activities. Staff that we spoke with felt staffing levels at the home were sufficient. People who used the service told us "there is always someone to help."