

Foxearth Lodge Nursing Home

Foxearth Lodge Nursing Home

Inspection report

Little Green
Saxtead
Woodbridge
Suffolk
IP13 9QY

Date of inspection visit:
16 July 2019

Date of publication:
01 August 2019

Tel: 01728685599

Website: www.foxearthlodge.co.uk

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

About the service

Foxearth Lodge Nursing Home is a residential care and nursing home, providing personal and nursing care to 62 older people at the time of the inspection. Some people were living with dementia. The service can support up to 67 people across two units, Woodlands, for people living with dementia and Foxearth Barns which provides care and nursing care, some people living on this unit also lived with dementia.

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

People received a service from staff who understood how to keep them safe from abuse and avoidable harm. Systems supported effective assessment and mitigation of risks. People were provided with a clean and hygienic environment to live in. Medicines were managed safely. Systems were in place to provide people with support from staff when needed. Recruitment of staff was done safely.

People were cared for by staff who had received training to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People received effective health care and there were systems to ensure their dietary needs were met. The environment was suitable for the people who lived there.

People received a caring and compassionate service. People's independence and privacy was respected. People choices about their care was promoted and respected.

People received individualised care to meet their assessed needs. People were asked for their choices about the care they received at the end of their lives at this was respected. People had the opportunity to participate in activities which interested them. There was a complaints procedure in place and people's concerns and complaints were addressed in a timely way.

Systems to assess and monitor the service people received were in place. These had improved since our last inspection and any shortfalls were identified and addressed. There was a service improvement plan in place which demonstrated that they continued to develop.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 August 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Foxearth Lodge Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed all of the information we held about the service, this includes the previous inspection report and information received

from the service about incidents and how they were managed. We received feedback from the professionals who commissioned the service. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including two of the managing directors, registered manager, assistant manager, senior team leaders, care staff, training manager and housekeeping staff. We observed the care and support provided and interaction between staff and people using the service.

We reviewed a range of records. This included three people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people, relating to medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There was now clear guidance for staff when medicines prescribed to be taken when required (PRN) should be administered. Records identified when and why they had been administered. Systems were in place to monitor when people received PRN medicines and staff liaised with health professionals if this was too often or not used.
- Some people received their medicines hidden, for example, in food. There was now clear information to show why the decision had been made, in the person's best interests and by who. Guidance had been sought to check that the medicines were suitable to be administered this way.
- We observed part of the lunchtime medicines administration, including medicines which had specific rules for storage and guidance. We saw that medicines were administered safely and records were completed to show people had taken their medicines. The system for recording medicines had changed and was now on an electronic format and staff had received training in the new system.
- Staff had received training and had their competency checked in the administration of medicines. Regular audits supported the service to identify and address shortfalls promptly.
- People told us they were satisfied with the support they received with their medicines. One person said, "I have to have my medicine for Parkinson's every three hours, and they are very good at that. I do get them more or less on time, which is important." Another person commented, "This morning I did ask what my big yellow pill was for, and [staff member] told me."

Systems and processes to safeguard people from the risk of abuse

- Improvements had been made in how records were maintained relating to potential safeguarding. There were now clear audit trails which identified actions taken and lessons learned to reduce future risks.
- Staff received training in safeguarding and understood their roles and responsibilities relating to identifying and reporting suspected abuse.
- Where there were concerns about people's safety, actions were taken, including reporting to the appropriate authorities.
- People told us that they felt safe. One person said, "I feel very safe, it's a safe atmosphere."

Assessing risk, safety monitoring and management

- Improvements had been implemented in how risks were assessed, mitigated and recorded. This included how risks relating to people's skin integrity, including pressure ulcers were managed.
- People's care records held risk assessments which included the risks in people's daily lives and guidance for staff on how to reduce them. This included risks associated with moving and handling and falls.
- The safety of the environment was routinely checked to ensure that any risks to people were reduced. This included fire safety, and equipment such as hoists.

Staffing and recruitment

- The procedures for the recruitment of staff had improved. This included scored interviews based on the values of prospective staff members. Checks were undertaken including on the previous employment of prospective staff and if they were suitable to work in the service.
- New staff had recently been employed and the service were awaiting satisfactory checks before they could start working.
- We received mixed views from people about staffing levels. However, we saw that staff were responsive to people's needs and requests for assistance, including call bells, were answered promptly. Staff spoken with told us they felt there were enough staff to meet people's needs.
- The service calculated required staffing numbers in line with people's needs, which was reflected in the staffing rota. This was amended if people's needs increased. Call bell response times were monitored to reduce the risks of people having to wait for long periods of time when they were calling for assistance.

Preventing and controlling infection

- People told us the environment was clean. One person said, "My room is kept very clean." One person's relative commented, "The place is always clean." We saw that the service was visibly clean and hygienic throughout.
- Staff had received training in infection control, including hand washing, and regular audits ensured any shortfalls were addressed quickly.
- Staff had accessible personal protective equipment to use to reduce the risks of cross infection, this included disposable gloves and aprons.

Learning lessons when things go wrong

- The recording and follow up of incidents had improved. Discussions with the management team demonstrated a commitment to learning lessons when things went wrong, and this was demonstrated in the records we reviewed.
- Actions were taken when incidents had happened to reduce future risks, this included improving policies and procedures, analysis to check if there were any patterns, and advising staff of their roles and responsibilities.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before they started using the service, people's individual and diverse needs were assessed to ensure the service could meet them. Needs assessments were used to inform people's person-centred care plans.
- People and their representatives, including relatives and other professionals were included in their assessments.
- Assessments were completed in line with good practice guidance and tools, including the Malnutrition Universal Screening Tool (MUST), to identify people's specific dietary needs.
- Before people started using the service, they could visit and/or have a meal to ensure a smooth transition. One person's relative told us, "It felt like a very caring place when we visited before [family member] came in. We stayed for lunch."

Staff support: induction, training, skills and experience

- Staff told us they received the training they needed to meet people's needs.
- Discussions with the training manager and records demonstrated that there were systems to provide staff with an induction, ongoing training and the opportunity to complete qualifications relevant to their role.
- Training was provided in people's specific needs including dementia and supporting people with behaviours that others may find challenging. Qualified nurses received training specific to their role, including using equipment to support people with eating.
- Staff received one to one supervision and appraisal meetings. These provided staff with the opportunity to discuss their work practice, receive feedback and identify any training needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Improvements had been implemented in monitoring if people had enough to eat and drink. Handover reports showed where staff were required to monitor what people had after each shift.
- People's records demonstrated when health professional's guidance had been sought and received, if people were not maintaining a healthy weight or there were risks of choking. Guidance was included in care plans to ensure staff knew how to meet people's needs, such as a softer diet and/or fortified food to supplement their calorie intake. One person told us how they had improved since living in the service, "When I first came I couldn't eat, but now I enjoy it, some days more than others."
- People told us they received enough to eat and had choices of meals. One person said, "Food is very good, excellent. They used to give me fish in batter, but I didn't like it, so now they do mine in the oven with parsley sauce. They do make things for you if you want." Another person commented, "We normally get a choice and if it's something you don't like they will get you something else."

- People's views about the quality of the food varied. One person said, "The food is very good, and another told us, "I like my food and eat it all." However, other comments were not so complimentary, one person told us, "Today lunch was very good, lovely, but it's not always. If I don't like it, I don't eat it." People's views about the meals provided were regularly sought and acted on.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records demonstrated that the service worked with other professionals involved in people's care to ensure people received the care and treatment they required to be healthy.
- The treatment people received was included in their care records to guide staff on the most up to date care people required.
- People's health needs were identified in their care records and staff were provided with guidance how to meet them and reduce risks.

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

- People were complimentary about the environment they lived in. One person said, "It's very nice here... I treat it as my home, its comfortable."
- The environment was suitable for the people who lived there. This included signage to support people to navigate around the service independently.
- The service was light and airy; hand rails were in place which were a different colour from the walls to support people to identify they were there.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- DoLS referrals were made appropriately where required. Since our last inspection the registered manager had developed a system which identified people with an authorised DoLS, those waiting authorisation and when they needed to be reviewed.
- People's care records included information about people's capacity to make their own decisions and when they required assistance. This included information about individuals appointed to act on people's behalf, decisions made in people's best interests and people who used advocates to support their decision making.
- Staff asked for people's consent before they provided any support, such as with their meals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that the staff supporting them were caring and respectful. One person said, "They are lovely, they treat me nicely." Another person commented, "Staff are friendly and caring, we get on well."
- We saw that staff were respectful when interacting with people. There was a relaxed atmosphere and people clearly shared positive relationships with the staff supporting them. Staff interacted with people at their eye level and used reassuring touch. There was lots of laughter and light-hearted banter between some people and staff, this was led by the people which showed that this type of interaction was afforded to people who wanted it.
- During lunch we saw that people who were living with dementia used specialist crockery to assist them to identify where their plate was. These had been purchased since our last inspection.
- Staff were knowledgeable about the people they cared for, this included their needs and how they were met. Staff were able to tell us about people's conditions, such as dementia, and how these affected their lives.
- We saw staff supporting a person who did not get on with another, they chose where they wanted to sit which was comfortable for them.

Supporting people to express their views and be involved in making decisions about their care

- People told us they made choices about their care, such as the times they went to bed and got up in the morning and what they wore. One person said, "I do feel involved in my care, but I don't know anything about a care plan." Another person commented, "They talked my care plan over with my [relatives]."

Respecting and promoting people's privacy, dignity and independence

- People told us they felt that the staff respected their privacy, such as knocking on their bedroom doors.
- People gave us examples of how they felt that their dignity was respected, including when being supported with personal care, staff ensured they were covered.
- People's relatives told us that their family members were supported with their personal care needs, with one relative saying their family member was, "Well turned out, smart and clean." However, one relative told us that they were speaking with staff about their family member and an incident when they were not dressed appropriately. We observed that people, who required support with their personal care, were dressed appropriately for the weather, their hair was combed and their spectacles were clean.
- People told us they felt the staff promoted and respected their independence. This was confirmed in our own observations, for example a staff member encouraged a person to eat independently and offered support when needed. One person said, "When I wake I sit on the side of the bed, they put my walking frame

in front of me, I then manage to stand up and slowly turn onto the chair or commode."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Since our last inspection, the service had purchased an electronic care planning system. People's care records had been transferred to the system and staff used hand held devices to show when people had received support. This could be monitored by the management team and if people had not received the care they needed, this was addressed promptly.
- People's care records showed that people's individual care needs were assessed, planned for and met. Reviews were undertaken, and the care plans were updated as people's needs changed. This demonstrated that staff received up to date guidance on how people's needs were met.
- People told us that they were happy with the care they received. One person said, "I think I am being looked after properly. I've got everything I want more or less."
- People's usual routines were included in their care records to ensure staff were aware of people's preferences. One person said, "They change my shirt every morning, that's the way I have always lived." Another person commented, "I buy myself a paper. They do sometimes offer to take me to activities, I like quiz nights. I have a manicure and my hair done every week. That's part of my care plan and is very good."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified in their care records. This included how staff were to communicate with them and any specific needs relating to information provided.
- Signage was in place in the service, for example where the bathroom was, this assisted people to independently navigate to where they wanted to be.
- To assist people to make choices of their meals, as well as the written menu on display, people were shown the choices of plated meals.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Improvements had been made in the activities provided to people. This included activities in the service and in the community. Some people told us how they had visited a garden centre the day before our inspection, which they enjoyed.
- During our inspection we observed several activities, this included one to one time spent with people, a

person decorated a notice board with knitted flowers they had made, a group ball game, going out in the garden and a visiting entertainer. People were visibly enjoying these activities, for example during the ball game there was lots of laughter and people of all abilities were included. During the entertainer, people, staff and visitors sang along and danced. Before this happened, the activities staff invited people to participate in the live music activity.

- We received mixed views from people who chose to stay in their bedrooms. One person told us, "I choose to stay in bed, and I'm quite happy. I don't feel bored or neglected. I do go for walks in the garden sometimes." Another person said, "I don't like it here because I am stuck in this room all day long, it's because I can't walk very well." With their permission, we discussed people's comments with the registered manager and improvements in this area were ongoing and plans were in place to improve how people who chose to stay in their bedrooms were engaged. This included the employment of more activities staff.
- There were several items around the service which people could pick up, handle and interact with. This included fabric with buttons and other things attached to it. This was particularly important for people living with dementia.
- People were supported to maintain relationships with important individuals in their lives, including friends and family. People's records included information about people's families and friends and how they kept contact with them. One person told us, "My family visit and they are made most welcome." People's relatives told us they were kept updated about their family member's wellbeing.

Improving care quality in response to complaints or concerns

- There was a complaints procedure and people told us they knew who to speak with if they had a concern or a complaint. Records of complaints demonstrated they were addressed in a timely way and used to drive improvement.
- Minutes of meetings attended by people living in the service showed that they were encouraged to speak with any of the management team if they had any concerns.
- One person's relative told us how their concerns had been addressed, "They sometimes lose [family member's] clothes, but they always rectify it."

End of life care and support

- People's care records included their choices for how and where they wanted to be cared for at the end of their lives.
- Gold Standards Framework (GSF) assessments were used to assess people's end of life needs. The GSF is a framework relating to good end of life care.
- Staff received training in end of life care, which was done via a distance learning course.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider did not have robust governance systems in place to assess and monitor the service provided to people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to notify us of required specific incidents. This was a breach of regulation 18 (Notification of other incidents) Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 and regulation 18.

- Improvements had been made in the monitoring and assessment of the service people received. This supported the management team to independently identify shortfalls and address them.
- Improvements had been made in how the service kept us informed about incidents that had happened in the service, what the service had done to support people and how they had used the learning to drive improvement.
- The registered manager had a good knowledge about what was happening in the service and understood their roles and responsibilities of managing this type of service.
- The registered manager and staff had worked hard to improve the service provided to people. As well as improvements made in the governance systems, improvements had been made overall in each key question. The improvement plan was ongoing and continuously added to where improvements were identified. Some improvements were not fully implemented, but there was a clear plan in place to complete these.
- The registered manager was supported by the managing directors and a deputy manager, who had been employed since our last inspection.
- The management team and staff we spoke with shared the registered manager's commitment to the ongoing improvement of the service and providing people with good quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were positive about the service they received. One person said, "I like it very much." However, we received some comments from people relating to how their needs were met, with their permission, we

discussed these with the registered manager who assured us they would speak with the people involved and address their comments.

- People and relatives commented about how the service was run. One person said, "I think it is run well, I don't hear people complaining." One person's relative told us, "The manager has been fantastic, very supportive of me." Another relative said, "I think the manager is okay, I felt she listened to me, but you never know."
- Staff spoken with were proud of the improvements made. In addition, staff told us they would recommend the service to members of their own family and some staff had family members either living in or had lived in the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities relation to the Duty of Candour and, where required, people received an apology, for example, when they had raised a concern which had been investigated.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Minutes of a meeting attended by people who used the service showed that there were some concerns about how their laundry was managed. This was taken forward to staff.
- We received mixed views about if people attended meetings. One person told us, "I have been to two resident meetings, we have been able to say what we wanted. They do listen, and someone takes notes. I think they do make a difference. I don't remember getting a copy of the notes." Another person commented, "I've never been asked to go to a resident meeting, perhaps I should."
- People were also asked for their views about the service in surveys. These were also sent to staff, relatives, and professionals who visited the service. Where comments of concern were received, these were valued and used to drive improvement.

Continuous learning and improving care

- The registered manager and other members of the management team had started attending local authority led manager's meetings. This assisted them to network with other services and keep updated with any changes in the care industry.
- There was a training manager who worked in the service to ensure that staff received the training and support they needed to meet people's needs.
- Regular staff meetings and Monday morning head of department meetings demonstrated that discussions were held regarding the care of people, their wellbeing, actions required to improve and any changes to the service and the care industry.

Working in partnership with others

- We received positive feedback from two professionals who commissioned the service. This included how the service had accepted support to improve, including workshops for staff. They also told us how their comments about how the service could improve were listened to and addressed.
- One of the commissioners sent us their improvement plan from their recent visit to the service, we saw that most of these had been addressed. This demonstrated that the service worked well with other professionals.