Care Quality Commission

Foxby Hill Care Home Limited

Foxby Hill Care Home

Inspection report

Foxby Hill
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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 18 June 2015 and was unannounced. Foxby Hill provides care for older people who have mental and physical health needs including people living with dementia. It provides accommodation for up to 47 people who require personal and nursing care. At the time of our inspection there were 47 people living at the home. The home is divided into two units the upstairs unit with 20 beds and the other with 27 beds.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On the day of our inspection we found that staff interacted well with people and people were cared for safely. People told us that they felt safe and well cared for. When we spoke with staff they were able to tell us about how to keep people safe. The provider had systems and processes in place to keep people safe.

Summary of findings

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed, and care planned and delivered

to meet those needs. People had access to other healthcare professionals such as a dietician and GP and were supported to eat enough to keep them healthy. People had access to drinks during the day and had choices at mealtimes and where people had special dietary requirements we saw that these were provided for.

Staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support and people had their privacy and dignity considered.

Staff had a good understanding of people's needs and were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider did not have a training plan in place and staff had not received regular supervision and appraisal.

We saw that staff obtained people's consent before providing care to them. People had access to activities and community facilities.

Staff felt able to raise concerns and issues with management. We found relatives were clear about the process for raising concerns and were confident that they would be listened to. However, the complaints process was only available in written format and therefore not everyone was able to access this.

Audits were carried out in some areas and action plans put in place to address any concerns and issues, however these had not picked up some of the issues identified at the inspection, for example the gap in medicine records. Audits were not in place for infection control however the registered manager told us that they were in the process of developing these. It was not clear how regular audits were carried out and the process for feeding back and collating issues. Accidents and incidents were recorded and reviewed to ensure trends and patterns were identified. The provider had informed us of incidents as required by law. Notifications are events which have happened in the service that the provider is required to tell us about.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service is safe.

People felt safe living at the home.

Staff were aware of how to keep people safe. The provider had policies and procedures in place.

Medicines were stored and administered safely.

Good

Is the service effective?
The service is not consistently effective.

Staff did not receive regular supervision and appraisal.

People had their nutritional needs met.

The provider acted in accordance with the Mental Capacity Act (2005).

Requires Improvement

Is the service caring?
The service is caring

Staff responded to people in a kind and sensitive manner.

People were involved in planning their care and able to make choices about how care was delivered.

People were treated with privacy and dignity.

Good

Is the service responsive?
The service is responsive

People had access to a range of activities and leisure pursuits.

Arrangements were in place to support people to make complaints.

Care plans were personalised and people were aware of their care plans.

Good

Is the service well-led?
The service is not consistently well led.

There were not consistent systems and processes in place to check the quality of care.

Staff felt able to raise concerns.

Requires Improvement

Foxby Hill 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has experience of relevant care, for example, dementia care.

Before our inspection we reviewed information which we held about the home and looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care and spoke with the registered manager, the provider and four members of care staff, one ancillary staff member, ten relatives and eight people who used the service. We also looked at four people's care plans and records of staff training, audits and medicines.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home and had confidence in the staff. Relatives we spoke with told us that they felt their family member was safe. A person said, "Yes I am sure I am in very safe hands here"

A relative told us, "I feel so much better myself knowing my [relative] is safe here… it's so reassuring… They have an alarm mat now at the side of the bed for my [relative] in case [my relative} gets out of bed, or falls…and it's all in their care plan about it…[My relative] was a nurse in their long career and so it's important to know that standards are as [my relative] would want them to be… and they are here definitely."

Staff that we spoke with were aware of what steps they would take if they suspected that people were at risk of harm. They told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Individual risk assessments were completed for people who used the home and where there were specific risks such as the use of oxygen these were highlighted to make sure that staff and visitors were aware of these. The registered provider consulted with external healthcare professionals when completing risk assessments for people, for example the GP and dietician. Staff were familiar with the risks and were provided with information as to how to manage these risks and ensure people were protected. For example, a person suffered seizures and a risk assessment and guidance was in place to ensure staff were able to provide a safe environment for them.

Accidents and incidents were recorded and investigated to prevent reoccurrence. We observed a person had suffered a fall on the day before our inspection and found that the appropriate documentation had been completed and actions taken.

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. When we spoke with staff they confirmed that they had had checks carried out before they started employment with the provider. These checks ensured that only suitable people were employed by the provider.

The registered manager told us that they had recently recruited to their vacant nursing posts but that this had been difficult due to a shortage of qualified nurses in the area. They said that they had used an agency to cover the gaps but had used the same member of staff in order to provide continuity of care to people.

We saw that medicines were administered and handled safely. Staff ensured that people were aware of their medicines and observed that they had taken them. People were asked if they required their PRN medicines. (PRN medicines are medicines which are not required on a regular basis). Appropriate arrangements were in place where people were unable to consent for their medicines and needed them to be given in their food and drink.

Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control. When we looked at the medication administration records we saw that these had been completed apart from one day in the month when there were gaps in the evening medication sections. We checked the medicines and noted that the correct amount was available which meant that people had received their medicines but these had not been signed for. Where people had not received medicines the appropriate code had been used however the reason had not always been documented consistently so it was not clear why a person had not had their medicines and if any action was required. We spoke with the registered manager about this who told us that there was an agreed reporting process in place for such issues but on this occasion this hadn't been adhered to.

Requires Improvement

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. One person told us, "Staff understand my needs."

Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. The registered manager told us that they used a variety of training methods including distance learning and computer based training. Staff also had access to nationally recognised qualifications. A training plan was in place but this had not been updated to reflect what training had taken place and what training was required. It was not clear who required training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people's needs.

We spoke with a member of staff who had recently started employment and they told us that they had received an induction. They said that as part of the induction they spent some time shadowing another staff member and received training and had found this useful.

Staff were also satisfied with the support they received from other staff and the registered manager of the service and told us that they felt supported in their role. However they told us that they had not received regular support and supervision such as an appraisal. The registered manager told us that they would usually provide supervision every other month and an appraisal on a yearly basis, however due to previous staff shortages they were behind with these. Appraisals are important as they provide an opportunity to review staff's skills and experience.

People who used the service told us that they enjoyed the food at the home. An arrangement was in place for lunchtime meals to be delivered and heated on the premises. The registered manager told us that this ensured that people received the meals with the correct nutritional value and that each person's choice was served when they were ready to eat. This meant that each person received their meal, hot, when they were ready for it. Choices were available for people and they told us if people didn't want the offered meals they were able to provide alternatives. One person we spoke with at lunchtime said the food was, "Very nice."

People had been assessed with regard to their nutritional needs and where appropriate plans of care had been put in place. Where people had allergies or particular dislikes these were highlighted in the care plans. We observed people were offered drinks during the day according to their assessed needs. Staff were familiar with the nutritional requirements of people and records of food and fluid intake were maintained appropriately. For example a person required additional nutrition between meals and we observed staff offering snacks between meals. Where people had specific nutritional needs referrals had been made to speech and language therapists and dieticians to assist staff in meeting their needs.

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. For example a person who refused to have their legs dressed had been referred to the specialist nurse for advice as to alternative treatment.

Staff received daily handovers where they discussed what had happened to people on the previous shift and their health and wellbeing. They said that these helped them to respond

appropriately to people and ensure that they were aware of any changes to their care and health.

Before providing care staff obtained consent to provide the care, we observed staff asking people if they would like support. Where people refused care staff understood how to support them and ensure they were safe. Where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005 (MCA). Best interest decisions were in place and detailed why they were in place and what support the person required. The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity, a person making a decision on their behalf must do this in their best interests.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of people using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. If the location is a care home, the Care Quality Commission

Requires Improvement

Is the service effective?

is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there were two people subject to a DoLS, we observed that appropriate arrangements and documentation were in place.

Good

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. Relatives I spoke with confirmed they thought the staff were kind, courteous and treated the residents with respect. All the people we spoke with said that they felt well cared for. One person said, "They are just like friends really… even the domestic staff… they even brought me some flowers for my birthday recently.

A relative said, "I'm impressed with this [the home]." Another said, "Yes, they are very caring here. They will do anything for you – I can tell my [relative] is fine even though they cannot communicate… their facial expressions and body language tells me everything."

People were involved in deciding how their care was provided for example, a person required pain relief but did not like the type offered to them and staff worked with the GP and the person to provide a medicine that they were more comfortable with.

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. For example, one person who spent a lot of time on their bed in their room was concerned that their bed faced an open door. They did not want to close the door so staff supported the person to rearrange their room so that they were not facing the door and they felt that they had more privacy with this arrangement.

We observed that all the staff were aware of respecting people's needs and wishes. We spoke with a domestic member of staff who told us that it was important to work around the needs of those in the home each day, for example, making sure a person's bed was made early on because that was there preference. They told us, "If we know someone is having a visitor during the day I'll try to do their room first so that it is ready for them and they can use it if they want to – it is nice for people to have their visitors in private in their room if they want to and their room needs to be clean and tidy"

When providing support to people staff sat with them at their own level and communicated with them. For example, staff explained to a person when they were supporting them to mobilise where they were going and how they were going to support them. They asked them if they were ready and explained that they were going to the dining room for lunch. Care records explained how people liked to be communicated with and how to approach people. For example a record stated, "Always introduce yourself and then proceed to explain what is happening next." Observation charts had been completed and staff monitored people's wellbeing throughout the day.

When staff supported people to move they did so at their own pace and provided encouragement and support. Throughout staff checked that they were alright and comfortable during the process.

Staff explained what they were going to do and also what the person needed to do to assist them. When supporting a person we observed they said, "You're doing well" and "Back a bit, put your hands on your chair and lower yourself down."

People who used the service told us that staff treated them well and respected their privacy. People told us and we observed that staff knocked on their bedroom doors. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record. Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care.

The home was spacious and there were areas for people to spend time with their families if they wanted to, including the main lounges. The home had two double rooms which were being used as double rooms. One room was used by a couple but the other room was a shared room. A mobile screen was available to assist with providing privacy to the people who shared, when required however it did not provide a sufficiently private area to ensure that people could not be seen and heard when receiving care.

Good

Is the service responsive?

Our findings

A relative told us, "The atmosphere here is good… they always make you welcome…. The manager walks the floor and seems to know what's going on. My [relative] likes a cigarette and they take her outside for one when they want a smoke which is good… it's important they do things like that."

Throughout the day we saw that staff responded appropriately to people's needs for support. Staff received regular handovers to ensure that they were aware of people's changing needs. Handovers were specific to each unit and staff told us that they felt that this was occasionally a problem if they covered the unit they did not usually work on as they felt they did not know what people's needs were.

Activities were provided on a daily basis. We observed people taking part in a group reminiscence activity and also people in the upstairs unit receiving one to one interventions such as hand massage. The home utilised the county library facilities to ensure that they could provide a variety of resources. Both units in the home had access to outside areas where people were encouraged to look after the plants and participate in gardening activities.

The home had access to transport and the registered manager told us that they tried to do trips as and when people requested them rather than have a set programme of outings. They told us that this met people's needs better and how they felt on the day.

Relatives and people who used the service told us that they were aware of their care plan. Staff told us how they supported people to update their care plans to ensure that they reflected the needs of people. People's care records detailed people's past life experiences in order to help inform staff about people's interests. They also included information about people's support mechanisms including family and friends

We looked at care records for four people who used the service. Care records included risk assessments and personal care support plans. Records detailed what choices people had made as part of their care and who had been involved in discussions about their care. For example a person preferred to have their meals outside of the dining room in a calm environment and this was recorded.

Care plans were reviewed on a monthly basis with people who used the service. During our inspection we observed staff sat with people discussing their care plans. Where people had specific needs such as physical health issues advice was included in the record about how to recognise this and what treatment was required to ensure staff were able to respond to people's changing needs.

A complaints policy and procedure was in place and on display in the reception area. When we spoke with relatives they were aware of how to make a complaint if they needed to. At the time of our inspection there were no ongoing or recent complaints. The complaints procedure was only available in a written format which meant not everyone may be able to access it. However, people told us that they would know how to complain if they needed to.

Requires Improvement

Is the service well-led?

Our findings

A relative told us, "Yes I come and go at all times of the day and evening… and I must say – I have never heard a word spoken out of turn by any of the staff…… There is an open door policy by the manager… and it seems to work very well….. I feel my parent is very safe here."

The relatives we spoke with said they saw the manager as hands on person, who was approachable and led her team well.

Staff said, "It's a good team here, we support each other and can discuss anything."

However there was not a systematic way of ensuring that information was shared. Regular staff meetings were not in place, the registered manager told us that if they needed to share information with staff they could use the handover period or speak to people individually. There were no records available of these discussions so it was difficult to confirm that information had been passed on and who had received this.

Audits had been carried out on areas such as health and safety and medicines. However these audits had not picked issues which had been identified at the inspection such as gaps in the medicine charts. Audits had not been carried out on infection control however the registered manager told us that they were attending a local group for infection control and were in the process of developing an audit tool to use in the home. We observed that following attendance at the group an audit of hand washing had commenced with staff. Although audits had been carried out there was not a system in place to monitor issues and ensure quality improvement.

Three surveys had been carried out in 2014 with some people who used the service and relatives, these focussed on issues such as activities, meals and reception. The majority of comments were positive however where issues had been raised it was not clear what actions had been taken, for example the issue of seating at mealtimes was raised and we observed that during lunch there were insufficient spaces available for people to sit in the dining area although they wanted to.

Relatives meetings were not held however relatives we spoke with told us that they would be happy to raise any concerns they had. A relative said, said that they would go to the registered manager and were confident that they would sort it out quickly. There was also a notice in the reception area informing people that the manager was always available for people to speak with.

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager.

We observed that the registered manager had a good knowledge of the people who used the service and the staff. The registered manager told us that they regularly spent time out of the office in the main areas of the service so that they were aware of what was happening and be available to people for support and advice. When we spoke to people and relatives they confirmed this.

The registered manager told us that they worked with the registered manager of the provider's other home so that they could share good practice and ideas for the services. A philosophy of care was in place which stated that people had their own unique needs. When we spoke with staff they reflected this view and we observed that care plans also reflected this. For example a staff member had been designated as a dignity champion and they told us that their role was to ensure that people were treated as individuals according to their wants and needs.