

HC-One Management Limited

# Fosse Way View 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

### About the service

Fosse Way View Care Home is a care home registered to provide personal and nursing care, including to those living with dementia. The service can support up to 70 people, at the time of our inspection 27 people were living at the home, no one was in receipt of nursing care. Fosse Way View Care Home is purpose built and split over three floors with communal areas on the ground and first floor. There were large landscaped gardens to the rear of the property.

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

People's wellbeing was at the heart of the service and was enhanced by person-centred activity planning. Social opportunities were widespread and took place within the community as well as the home.

Staff were knowledgeable and able to support people to make informed decisions on their care. Relatives were included and updated on people's progress. Feedback consistently showed people were supported to achieve their personal aims and goals and develop new ones.

People received care from staff who were safely recruited and had the right mix of training and skills to support them. Everyone we spoke with at the home told us they felt safe and were encouraged to remain as independent as possible.

People received their medicines safely and in line with their wishes. Staff encouraged people to be knowledgeable about their medical conditions and the medicines they were taking to enable them to make informed decisions.

Care plans were person centred and described how people wished to receive their care. People were encouraged to eat and drink a nutritionally balanced diet. People told us the food was to a high standard and that mealtimes were an enjoyable social occasion.

Staff were knowledgeable about people needs and made appropriate referrals to other professionals for support and guidance which ensured people continuously received a high standard of care.

The service had a complaints procedure in place. People and their relatives told us they never had to complain as they could bring anything to the staff's attention, and it would be addressed. We saw that many compliments had been received.

Staff had a clear understanding of their roles and responsibilities and regularly received feedback from management. There was an open and honest culture for sharing information and learning lessons when things went wrong which promoted a safe environment for people and staff.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

This service was registered with us on 26 May 2021 and this is the first inspection.

During the inspection the provider changed legal entity on the 1 July 2022. This remained the same provider and was a change in name only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Fosse Way View Care 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector, a specialist advisor nurse 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

Fosse Way View Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fosse Way View Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service and sought feedback from professionals who work with the service. We used all this information to plan our inspection.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

### During the inspection

We spoke with 11 people and three relatives of people who used the service about their experience of the care provided. We spoke with 10 members of staff including the registered manager, deputy manager, resident liaison manager, care assistants, domestic staff, head chef and maintenance staff. We also spoke with two professionals who worked with the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment. 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse, harm and neglect. Staff were knowledgeable about safeguarding processes and used them effectively to report their concerns about people's safety.
- Everyone we spoke with at the service told us they felt safe. One relative said, "Knowing my relative is safe is priceless, staff know [Name] so well, and they have answered every question I have asked."
- Staff developed positive and trusting relationships with people. This allowed staff to recognise early signs of abuse through changes in behaviour. This ensured people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider had comprehensive risk assessments in place which promoted a proactive approach to anticipating risk.
- People told us they were supported to remain independent safely. One person told us, "Staff do not stop me doing anything. A carer comes when I have a shower and I leave the door ajar so I can shout them if I need help, but they don't interfere if I'm coping."
- Regular checks and audits were completed on the environment and equipment used to ensure people's safety and enhance the care they received.

Staffing and recruitment

- There were enough competent staff on duty. Staff had the right mix of skills to make sure that practices were safe, and they could respond to unforeseen events.
- Staff were recruited safely, and robust checks were in place. Appropriate Disclosure and Barring Service (DBS) checks and other recruitment checks were carried out as standard practice. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager described, where possible, that daily staffing levels always exceeded the identified minimum requirement. This gave staff time to socialise and build relationships with people and their loved ones.

Using medicines safely

- People received their medicines safely. Staff were clear about their role and responsibilities and followed latest guidance and best practice to ensure people were able to manage their medicines as they chose.
- People were knowledgeable about the medicines they were taking and described to us how staff had supported them to get information on their medicines to make informed choices about their care.
- One person described how staff had supported them to research the latest advancements in Parkinson's

medicines and had assisted them in approaching the relevant medical professional to explore their options.

- Medicines were managed and stored safely in line with best practice guidance. There were accurate and complete medicine administration records (MAR) in place as well as completed audits to identify errors.
- The provider had recently moved to an electronic MAR system which enabled immediate real time reporting of errors. This enabled staff to support people safely in a timely manner.

#### Preventing and controlling infection

- People were protected from the risk of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current government guidance.

#### Learning lessons when things go wrong

- The provider was open and transparent about safety.
- Staff knew their responsibilities. They were encouraged to raise concerns and report incidents and near misses. Staff told us they received feedback in areas of concern in a constructive and supportive manner. This ensured staff continued to develop and learn from experience.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Care and support was planned and delivered in line with current evidence-based guidance, standards, best practice, legislation and best use of technology. Care and support were monitored to ensure consistency.
- A relative told us, "I was involved in my [relative's] care plan and also the reviews, my [relative] wanted this. They [staff] have been really supportive and always remember to include me and update me."
- People's care plans and risk assessments were person-centred. We saw evidence of detailed family history including likes and dislikes as well as personalised goals reflected in care plans and assessments. These considered the protected characteristics under the Equality Act 2010. For example, people's needs in relation to their age, gender, religion and disability were identified. This reduced the risk of people experiencing discrimination.

Staff support: induction, training, skills and experience

- People were supported by highly trained staff who received ongoing support from management to develop skills.
- Staff performance was regularly assessed and there was a robust system for providing feedback. This ensured a continuous drive to develop staff skills and improvements in care standards and delivery.
- One staff member said, "I have a regular supervision but it's hard to say how often as we are always receiving feedback and the managers door is always open. It's like a daily supervision at times, I couldn't ask for better support."

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

- People were supported to maintain a balanced diet which ensured they were eating and drinking appropriately.
- Care plans contained person-centred information and risk assessments for people's requirements, likes and dislikes.
- Staff completed a weekly dignity in dining audit and kitchen staff sought feedback from people about the standard of food and asked for their ideas and suggestions in meal planning.
- People were encouraged to invite relatives and friends to dine with them and had the option of booking a private dining room. This made mealtimes a social occasion and reflected people's wishes and choices.

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

- Staff worked closely with other health and social care professionals to ensure that people received

consistent and timely care with access to a range of health services where needed.

- People told us that staff accompanied and supported them on visits to other professionals when they requested. Care plans were amended and reflected professional advice and recommendations.
- A visiting professional praised staff and said, "Staff are very knowledgeable and ask informed questions. Residents are at the heart of everything."
- The registered manager told us that people had a dedicated senior member of staff. This ensured people experienced positive outcomes regarding their health and wellbeing. Anything that could affect health and wellbeing was identified and action was taken to address this in an effective and timely manner.

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

- People were involved in decisions about the premises and environment, regardless of their ability to communicate. People were able to decorate their rooms in their chosen manner and encouraged to bring in personal items to ensure they felt at home.
- The communal areas were designed and decorated to a very high standard and several people told us they felt like they were living at a hotel. One person said, "I love the bathroom with the bath, with the lights and everything. It's like having a spa session."
- There was a large landscaped garden and patio area to the rear of the property that people had helped develop since the service opened. People were able to utilise indoor and outdoor space to meet privately with friends and family.

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 MCA 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.

- Consent to care was sought in line with legislation and guidance.
- Staff were knowledgeable about the MCA and made sure people were involved in decisions about their care. This ensured people's human and legal rights were upheld.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The management team promoted a very strong person-centred culture where people were at the heart of the service. They were committed to ensuring people received the best possible support in a caring and nurturing environment.
- Staff were encouraged and supported to spend time getting to know people. Staff told us it was important for people to feel at home. One staff member said, "The service is run by the residents not us. I work to their schedule, people can have a shower when then want, not when its best for me."
- We received extremely positive feedback about the quality of service people received. A relative told us, "When we return to the home following a day out my [relative] is full of smiles and receives such a warm welcome."
- The provider and registered manager ensured people felt welcomed and well treated when they moved into the home. People told us they felt proud to live at the home. One person said, "As soon as I walked through the door I felt at home. I was nervous accepting that I finally needed help, but there was no need. I'm really happy here."
- Throughout the inspection we saw people entertaining their visitors in the bar area and introducing them to other people within the home creating a warm welcoming social environment.

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

- Staff were passionate about inclusivity for all people living at Fosse Way View Care Home. This created a positive culture which centred around supporting people to achieve anything they aspired to.
- One person who recently moved to the service told us, "I have only been here a few days, but they have taken the time to get to know me. Staff already know what I like to drink, and I have been included in everything. In fact, I have a coffee morning to go to later."
- One person had designed their own method of communication using a traffic light system. All staff were knowledgeable about this system, it was used effectively to support the person to make independent decisions daily about their care, such as meal and activity choices.
- Staff encouraged people to explore their care and support options. People had been supported with new technology to monitor their conditions and supported to make informed decisions on their care from these results.
- Staff understood the importance in learning about a person's life history and using this to enable people to continue doing the things they had always enjoyed. For example, one person had been supported over time to develop and practice their writing skills and had been able to write a Christmas card to their family.

Respecting and promoting people's privacy, dignity and independence

- There was a very strong emphasis on the provision of activities that were meaningful to the people living in the service. People told us they were happy with how they spent their time. One person said, "If you're bored it's your own fault, there is always something happening and always someone to talk to."
- The deputy manager described how people had expressed an interest in gardening. The provider installed raised beds to ensure access for everyone and set up a Saturday morning gardening club.
- One relative told us staff supported their loved one to access the community and took them to places and to view buildings which had meaning to them. They said, "It means everything that they take the time to do this."
- Records contained detailed information about people's life history and likes and dislikes, so staff were able to provide person-centred care. A staff member said, "Knowing people's history helps us understand how to support them and it allows us to start conversations to really get to know someone, then people feel safe enough to tell us what they need."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People received care that was personalised to them. People had been involved with and agreed to the content of their care plans.
- Reviews of care plans took place regularly. Updates happened when people's needs or wishes changed. Care plans contained the most recent guidance for staff to follow in relation to conditions people were living with. This helped staff identify and act on changes quickly.
- People's diverse needs and cultural beliefs had been discussed with them prior to the commencement of their care package. The registered manager told us if people had a specific religious or cultural belief that could affect the way they wanted care to be provided, then this would be updated on the care records. This would help to reduce the risk of people being discriminated against.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager had a good understanding of the AIS and could explain how they incorporated this, ensuring people had access to information they could understand.
- Care plans contained pictorial graphics to support understanding for people and their relatives to ensure they were accessible to all.

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

- The provider encouraged people to maintain and develop social relationships. Monthly social events were planned to which people could invite their loved ones.
- Recently the provider had staged a birthday party with a Beatles tribute band as the home had been open for 12 months. People told us they had enjoyed the 'concert'.
- The registered manager described how they were trying to build links with the local community and neighbours to the home had also been invited to attend the party which had been well received.

Improving care quality in response to complaints or concerns

- People were provided with information on how to make a complaint or raise any concerns and in an

appropriate format for their communication needs.

- There was a current complaints policy in place, and we saw evidence of management actively requesting feedback from people through resident meetings and communication with relatives.
- One relative said, "I am always asked for my feedback. I got a survey too, I have never needed to complain and I'm not sure how they could improve upon this, it's just so good."

End of life care and support

- People at the end of their life were supported by staff and external health professionals to have as dignified a death as possible. People and their families were asked about their wishes and this was continuously reviewed, sensitively throughout end of life care.
- We witnessed staff seeking professional input and advice for those affected to ensure they received prompt care and remained comfortable and pain free.
- One person told us, "I couldn't ask for anything more from them [staff], they are patient and they really listen."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were provided with a good standard of care and support that was person-centred, inclusive and helped people to experience positive outcomes.
- The provider had helped people hold a competition for a local school where children submitted their acts of kindness. People read these in social groups and awarded prizes to each year group. People told the manager it raised morale to see the kindness others displayed and encouraged social inclusion for people living at the home.
- Staff told us they enjoyed helping people to achieve their day-to-day goals, things such as improving their mobility or completing their own personal care. One staff member said their primary goal was to help others achieve their goals and to achieve it whilst laughing and smiling.

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 provider understood and acted on its duty of candour in an open and honest way.
- Processes were in place that ensured if mistakes occurred, they were investigated fully and apologies made to the people affected. This helped to improve people's experiences of the service and assured them that their concerns were acted on.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had ensured that all staff had a clear understanding of their roles and responsibilities. The management team strived to develop their leadership skills and upskill all staff within the organisation.
- There was a culture of openness and honesty. Staff consistently told us that their concerns were listened to and acted upon. One staff member said, "Management are so supportive, we can go to them with anything. I wouldn't want to work anywhere else."
- People told us the manager was very visible throughout the home. One person said, "The manager is always about, they genuinely want to know about your day and spend time talking."
- Managers routinely held lessons learned sessions for staff. This ensured best practice was implemented and staff received feedback and guidance in a timely and constructive manner.
- Staff told us there were regular team meetings and daily meetings that kept them up to date. In addition staff said that management encouraged them to have informal meetings within their teams to promote supportive working.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were fully involved in giving their feedback and a variety of formats were used to do this ensuring every voice could be heard.
- There was pro-active engagement with the local community. The provider worked in partnership with a local charity and people visited a nearby café bar run by the charity which promoted social inclusivity.
- Staff worked in partnership with other health and social care agencies. Care plans detailed how the service worked with multiple health care professionals such as dieticians, GP's and Nurses. This systematic holistic approach to working with other organisations and embedding recommendations into care plans had achieved and improved positive outcomes for people and staff within the service.