

HC-One Beamish Limited

Foxton Court

Inspection report

Morpeth Cottage Hospital
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Ratings

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

Summary of findings

Overall summary

This inspection took place on 19 November 2018. The inspection was unannounced. This meant the provider was not aware we would be visiting the home. At our last inspection we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Foxton Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is a purpose facility with accommodation in single rooms all of which have en-suite facilities. The home is not registered to provide nursing care.

The home had a registered manager in post, although this individual was now working as the provider's quality director and the deputy manager was acting up into the role of the home manager.

Risks within the service were recorded, monitored and reviewed. The provider had a safeguarding policy in place and staff understood safeguarding matters. Sufficient staff were employed to support people's personal care needs. Some people felt staff could be busy at times but this did not affect the quality of care they received. Medicines in the service continued to be managed and monitored appropriately. The service was maintained in a clean and tidy manner.

People's needs were assessed and care delivered in line with these needs. Staff had undertaken a range of training and had sufficient skills and experience to support people with individual care. Staff were subject to regular supervisions and an annual appraisal. People were supported with a healthy diet and specialist requirements were supported and catered for.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Family members were involved in decisions as much as practical. The environment was homely, warm and welcoming. People's rooms were personalised.

People appeared happy and relaxed in staff company and we noted good relationships between staff and people who used the service. Relatives we spoke with praised the care and told us their relations were well looked after. People were supported to make day to day decisions and were involved in care plan reviews, although these were not always clearly noted in monthly reviews. People's privacy and dignity were respected and staff promoted and encouraged independence.

Care records contained information that supported staff to deliver care that met the individual's needs. Care

was reviewed and families were involved in these reviews. People were supported to access a range of events and activities. There had been seven recent formal complaints about the service which had been dealt with formally and appropriately.

People and families told us the acting manager was approachable and helpful. Staff told us they were friendly and supportive. Some staff told us teamworking could be an issue at times. The manager told us, and records confirmed this was being addressed.

Regular audits and checks were in place to monitor the quality of the service. Records were maintained and up to date. Daily records were regularly completed. The service was meeting legal requirements by displaying the current quality rating and submitting notifications to the Commission.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Foxton Court

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.

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This inspection took place on 19 November 2018 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with six people who lived at the home and three relatives of people who used the service. We also spoke with the acting manager, the provider's quality assurance director (who was the current registered manager for the home), a senior care worker, a care worker, kitchen staff and the wellness co-ordinator.

We observed care provided by staff during the inspection and the interaction between staff members and people who used the service. We looked at a range of documents including three care records for people who used the service, the electronic medicine administration system, four staff files, staff training and supervision records, and a range of audits and other management and meeting records.

Is the service safe?

Our findings

Staff understood safeguarding issues and processes and had received training in this area. Potential safeguarding issues had been investigated by the manager and reported to the local safeguarding adults team, as appropriate. People and relatives told us they felt the home was a safe place. Risk assessments about the delivery of care and the safety of the environment had been undertaken and reviewed. Safety checks were carried out on a range of equipment and systems. Maintenance and fire checks were being undertaken on the day of the inspection. Fire procedures were in place and personal emergency evacuation plans were available. Senior care workers were designated as fire wardens for the home and told us regular fire drills were undertaken. Accidents and incidents were recorded and the manager reviewed falls and other incidents on a regular basis. Where appropriate the manager undertook an analysis of the cause of the fall or incident to help manage such incidents in the future.

The manager told us staffing at the home consisted of six or six and a half (Whole Time Equivalent) care staff during the day and four care staff during the night. At the time of the inspection there were 45 people using the service. Some people told us they did not always feel there were enough staff, especially at busy times, such as in the morning. One person commented, "They could do with more carers. They are here for very long shifts, are busy during the day and sometimes are pushed. During the day I sometimes have to wait, but at night they are very good." Relatives we spoke with felt there were always staff available and the standard of care was good. One relative told us, "There appear to be enough staff. There are always staff around and [relative] doesn't have to wait long for care." Staff told us staffing could be an issue, particularly if there was sickness. The manager told us the home had introduced an additional half day shift to cover busy time in the morning to try and address these concerns. People's level of need and dependency was regularly reviewed and this was linked to available staff hours. We saw delivered staff hours matched or were above those highlighted by the dependency tool. During the inspection we did not witness staff rushing to complete duties or call bells ringing for long periods.

At the previous inspection we found staff recruitment processes to be safe and appropriate. At this inspection we found this continued to be the case, including the undertaking of Disclosure and Barring Service (DBS) checks and the taking up of two references.

Medicines continued to be stored and managed appropriately. A senior care worker demonstrated the home's electronic medicines system and explained how the administration of medicines was managed and monitored through the system. The system helped to ensure there were sufficient stocks available. Systems were also in place to ensure the safe disposal of unused medicines. Controlled drugs were stored and recorded appropriately. Controlled drugs are medicines that are subject to particular legal restrictions on their use and storage.

The home was maintained in a clean and tidy manner. Bathrooms and shower areas were clean and the laundry and kitchen areas were maintained in a good condition. There were no unpleasant odours around the building.

Is the service effective?

Our findings

People's needs had been assessed and care and support was delivered in line with these assessed needs. Staff spoke about encouraging people to be as independent as possible. Staff had received training about equality and diversity and had an understanding of the issues linked to this matter.

Staff told us, and records confirmed a range of training had been provided and undertaken. The quality director provided us with a copy of the home's training record which showed a good level of compliance in most areas and an overall completion rate of 88.9%. Staff told us, and records confirmed they had regular access to supervision and an annual appraisal. We noted supervision sessions tended to be theme based and a focus on the individual was not always clear from records. The quality manager told us the provider tried to have a running theme for each supervision but staff did have opportunity to raise any personal issues.

People had mixed views about the food at the home. Comments included, "The meals are not as good as they were, but there is usually something that I can eat" and "I've no complaints about the food." One person who received a coffee whilst we were speaking with them said, "It is good. There you go, we get well looked after, just like this, and the biscuit I require." We observed meal times and saw people seemed to enjoy the food and were appropriately supported by staff. The home had areas where people could access juice and coffee throughout the day. The cook told us they were provided with information about specialist diets and had information on individual requirements. People's weight was regularly monitored and any concerns reported to health professionals.

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 with appropriate legal authority. 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.

Some relatives held Lasting Power of Attorney (LPA). LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf, if they do not have the capacity to do so themselves. Copies of legal documents were not always available in people's files. The manager told us efforts were being made to ensure such information was available, where appropriate.

At the previous inspection we found people were supported to access a range of health and social care services. At this inspection we found people's health and wellbeing continued to be actively managed and

supported.

The atmosphere in the home was warm and homely and people commented how at ease they felt living at the home. People's rooms were personalised.

Is the service caring?

Our findings

At the previous inspection we found people were well cared for and staff had a positive approach. People and relatives, we spoke with at this inspection continued to speak positively about the support they received at the home and the approach of the staff. Comments included, "We are well looked after. The staff are nice"; "I'm quite happy. If I want attention I get attention. I can't think of anything wrong and if I could it would be very minor"; "There is no place like home, but the staff are very nice and on the whole they are very good"; "Coming here has been fantastic for them [relative]. I am very, very happy" and "They give [relative] the support they need. They always look neat and tidy, don't wait too long for care and give the support that they need. I am quite happy with the care here."

During our inspection we observed there to be positive relationships between staff and people who lived at the home. There was a good deal of friendly chat and the sharing of jokes. During the inspection we noted two people became mildly distressed, due to confusion. Staff took time to gently reassure the individuals and calm their anxiety.

People and relatives told us they were involved in making decisions about their care, where possible. Care plans had been signed by people, or relatives with authority, to say they agreed with them. Monthly reviews suggested people had been consulted as part of the process but we found records did not always demonstrate personal views had been fully sought and reflected. We spoke with the manager about this who agreed to look further about how best to involve people. Six monthly reviews actively involved people and relatives. There were also regular meetings involving people who lived at the home. Records showed they had discussed changes to the menus and a range of activity events. Relatives told us they were kept up to date regarding the health and welfare of their relations.

At the previous inspection we had observed people's care was delivered with regard to their privacy and dignity. At this inspection we noted this continued to be the case, with staff delivering personal care discretely and ensuring bedroom and bathrooms doors were closed or locked, as appropriate. We observed staff to always knock on doors before entering people's bedrooms. People and relatives told us staff supported them to be independent. One relative spoke about how staff had helped their relation to regain confidence with walking and this had allowed them to once more go out into the community.

People and relatives told us they were supported to maintain strong and appropriate relationships. Relatives we spoke with told us they could visit the home at any time and always felt welcomed by the staff. They also told us they could contact the home at any time if they had any questions or concerns about their relatives' care.

Is the service responsive?

Our findings

Prior to using the service people had been subject to a preadmission assessment of need and a further assessment and review on admission to the home.

People's care records contained a range of information designed to deliver personalised support. Care plans had been developed to meet the person's varying needs around areas such as; mobility, nutrition, personal care, medicines and social activities. Care plans contained information about the individual, their history and personal preferences. Staff followed the provider's set system for care plans which resulted in some care plans being developed where there were no issues. For example, on assessment one person was noted to require little or no support regarding continence. However, a continence care plan had been included in their file.

Monthly reviews of plans were noted, although these were often limited in scope and content. More in-depth six-monthly reviews were also undertaken, which contained reasonable detail and frequently involved the individual and a relative as part of the review process.

People were supported to access a range of events both in the home and outside in the community. On the day of the inspection we witnessed a small group engaged in an exercise to music session. On the morning of the inspection a beautician visited the home to decorate nails, with quite a queue waiting for this service. The home also had access to a minibus and people could take a weekly trip out into the community. We spoke with the wellness co-ordinator who talked enthusiastically about the activities and support they were able and would like to deliver. We asked them about engaging those people who could not access group activities and they spoke about how they tried to support people individually, based on their assessed needs.

At the previous inspection we had observed people were supported to make individual choices. At this inspection we noted this continued to be the case, with people making choices about their meals, where they spent their time and activities.

At the inspection in 2016 we noted the provider had in place a complaints process. At this inspection we found this was still the case. There had been seven formal complaints logged within the previous 12 months. A number of these had been about the quality of the food, but there were also some issues regarding care delivery. We saw complaints were appropriately investigated and a full and formal response made to the complainant, with an apology, if necessary. One matter had been appropriately escalated to a safeguarding concern. People and relatives, we spoke with told us they knew how to raise a complaint, but had not raised any recent issues. The home had received eight formal compliments during 2018.

Is the service well-led?

Our findings

The home had a registered manager in post, although this individual was now working as the provider's quality director and the deputy manager was acting up into the role of the home manager. They told us they were going to apply to take on the registered manager's role and had recently applied to the CQC for a new DBS check. Our records showed this application was in progress. 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.

Relatives and staff spoke supportively about the acting manager. People told us they did not know them well, but felt they could approach them if they had any issues and they would address any major issues they raised. Comments included, "I speak to them for time to time. I have the odd grumble and they sort them out for me"; "I see them as and when. Seems very pleasant and always says hello. If they need to speak with us they do"; "[Acting manager] is fine. Any problems and you can go and see them. Any problems and they offer support" and "[Acting manager] is very approachable. They are really understanding and if you have any questions you can speak with them."

A range of checks and audits continued to be undertaken, including visits by the provider's regional director and internal quality team. We saw a range of matters were reviewed and, where necessary, action points highlighted. Internal audits and checks were also undertaken by the manager and other senior staff.

Quality surveys had been carried out with people who lived at the home and relatives in April 2018. The majority of responses to questions about the service rated the home as either good or excellent. 79% of relatives and 93% of people rated 'staff meeting people's need' as good or excellent.

Staff told us, and records confirmed there were regular staff meetings. Some staff told us teamwork could sometimes be an issue and the management were addressing this. We spoke with the manager about this, who confirmed this was something they were addressing with staff. Staff meeting minutes confirmed this.

The manager spoke about how the service worked in partnership with a range of other organisations and had strong links with the community. The wellness co-ordinator told us the home had good relationships with local organisations and schools. Daily records were generally well completed and up to date.

The provider was meeting legal requirements of their registration. The service had notified the Commission of significant events at the home, such as deaths and serious injuries, as they are legally required to do. The service was displaying their current quality rating at the home and on the provider's website.