

Care UK Community Partnerships Ltd

Foxbridge House

Inspection report

Sevenoaks Road
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Orpington
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Ratings

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

Summary of findings

Overall summary

About the service

Foxbridge House is a care home providing personal and nursing care to people aged 65 and over. At the time of our inspection 55 people were using the service. The care home can support and accommodate up to 84 people across four separate wings, each of which has separate adapted facilities.

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

Staff had received training in safeguarding adults and knew the actions to take to protect people from abuse. Risks to people were managed effectively to reduce harm to them. Lessons were learned from incidents and accidents. There were enough staff available to deliver safe support to people in a safe way. People's medicines were administered and managed safely. Staff followed infection control procedures to reduce risks of infection.

People received support to meet their individual needs. People's care plans were reviewed and updated regularly to reflect their current needs. People and their relatives were involved in planning their care and they were informed of any changes. Staff supported people to keep in contact and maintain relationships which mattered to them. Staff engaged people as much as possible to reduce the risk of social isolation. People had end of life care plans in place.

There was a complaints procedure available. People and their relatives knew how to complain if they were unhappy with the service. The registered manager addressed complaints received in line with their complaint's procedure.

The quality of the service was regularly checked, and actions were put in place to drive improvement. The provider worked in partnership with other organisations to develop the service. The registered manager met their statutory responsibilities to the CQC.

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

Rating at last inspection: The last rating for this service was Good (2 February 2019)

Why we inspected

We received concerns in relation to people's care and welfare and safeguarding allegations. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains Good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, responsive and well-led domains sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Foxbridge House on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe 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 

Foxbridge House

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 team consisted of one inspector, a specialist professional advisor and two Experts by Experience (EbyE). The EbyE made phone calls to people and their relatives. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Foxbridge House 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. The inspection took place on 3 December 2020

What we did before the inspection

We reviewed the information we held about the service which included notifications of events and incidents at the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection:

We looked at six care files, medication administration record sheets for 30 people, quality assurance reports and other records relating to the management of the service including incidents and accidents records. We spoke with two people using the service, 23 relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with the registered manager, deputy manager, two qualified nurses and three care workers, the regional support manager, area quality manager, and quality development manager.
After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visited the service.

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 good. At this inspection this key question has remained the same. 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. There were systems and processes in place to safeguard people from abuse. People and relatives told us they felt safe at the service. One relative commented, "The home is safe." Another relative mentioned, "Relative is well looked after and treated well. There is no indication that they are not safe."
- Staff had completed training in safeguarding from abuse and knew the signs to recognise abuse and actions to take. They told us they would report any concerns to the registered manager; then to the regional manager and if no action was taken, they would whistle blow to relevant authorities.
- The registered manager demonstrated they understood their responsibilities to safeguard people from abuse. They had followed relevant safeguarding procedures to address safeguarding concerns appropriately. We saw from records that they raised alerts with the local safeguarding authorities, carried out internal investigations and notified CQC as required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- People were protected from risks of avoidable harm. Relatives told us staff followed appropriate measures to enhance the safety of their loved ones in the home.
- Risks to people were assessed and management plans were in place to address the risks identified. For example, guidance was in place to manage the risk of pressure ulcers, choking risks, falls and other risks associated with people's physical health and mental health conditions.
- Records showed staff followed actions agreed to reduce risks to people. For example, people at risk of developing pressure sores were regularly repositioned and had had pressure relieving equipment available to them. Staff followed moving and handling guidelines agreed to perform transfers safely.
- Lessons were learnt from incidents and when things go wrong. Incidents and accidents were monitored and reviewed by the registered manager and by senior managers. The registered manager took action as necessary, for example if the incident was deemed as a safeguarding concern, they referred it to the local authority safeguarding team and sent a notification to CQC.
- Actions were shared with staff during handover meetings. Where necessary people's care plans were reviewed, and professionals were involved.

Staffing and recruitment

- There were enough staff available to support people with their needs. People and their relatives told us there were always staff around to attend to support people. One relative told us, "There's definitely enough staff. My relative has a lot of contact from staff. There are enough during weekdays." Another relative said, "It is difficult to say but it looks like there's enough staff."

- We observed that staff responded to people's needs and requests for assistance promptly. Staff were available in communal areas and supported people where needed.
- Staff told us staffing levels were enough on each shift to support people. One member of care staff said, "There are enough staff allocated on each shift. But it's a bit stressful when we have agency staff that are not familiar with the home because we need to show them what to do instead of getting on with the work itself." Another staff told us, "With teamwork and good planning we are fine with staffing but more staff is always better I suppose."
- Staffing levels were determined based on people's needs and occupancy level. The rota showed the home was covered 24 hours by a team of care staff deployed around the home. The home used a team of regular agency or bank staff to cover planned and unplanned absence.

Using medicines safely

- People's medicines were administered and managed safely. Staff who administered medicines to people were qualified and suitably trained to do so. We observed staff administering medicines at lunchtime and we saw they carried out this task in a safe manner.
- Medicine administration record (MAR) charts were completed correctly for each person. Where people had 'as when required' medicines, there was protocol in place to manage this and we noted staff followed the protocol. Controlled drugs were stored safely. Regular medicines audit took place to ensure medicines were accounted for.
- Records of medicines received into the service were maintained and there was a system available for disposing of unused medicines.
- Medicines were stored within safe temperature ranges, in line with the manufacturer's instructions. Regular checks were made of storage temperature areas to ensure they remained safe.

Preventing and controlling 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.

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 Good. At this inspection this key question has remained the same. 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 meet their individual needs and requirements. Each person had a detailed care plan in place which provided information about their needs, backgrounds and preferences. The care plans provided guidance on how people's physical health conditions, mental health conditions, and well-being, personal hygiene, support and cultural needs would be met.
- Relatives told us they involved in the care planning and informed when things changed. One relative said, "We have been involved in the care planning and also with the reviews." Another commented, "Staff are on the phone straight away if there is anything happened."
- Staff knew people's individual needs and followed their care plans to meet them. We saw a staff member support a person who expressed behaviour that challenges. The staff member followed guidelines in place to calm them down. Record showed other health care professionals were involved to meet people's needs.
- Care plans were reviewed regularly and updated to reflect people's current care needs and situations.

End of life care and support

- People had end of life care plans in place which stated peoples wishes and their Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) status; and staff were aware of these plans. Staff had completed training in end of life care.
- The home worked closely with people's relatives, other healthcare professionals and palliative care teams to provide care to people which met their needs and preferences at this stage of their life.

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

- People were supported to have regular contacts with their loved ones and maintain relationships which mattered to them. Due to the COVID pandemic, visits were planned and structured to ensure it was safe and met government guidelines.
- We saw one person's relative with them in the designated visiting suite. They had the privacy they needed and spent time together. Relative's told us they were loved ones were supported to have video calls with them regularly. One relative said, "I visited a couple of times and will be doing on Saturday. We have had videocalls with a member of staff with relative and it is ok." Another relative commented, "I have been able to visit a few times and we have been family video calls regularly. Everyone is trying to help."
- Staff engaged people in one-to-one activities or small socially distanced group activities in line with guidelines. These included music sessions, quiz, storytelling, and games. Activities were planned for the Christmas period to engage people and get them into the festive spirit. These included making decorations, and cards. A brass band was booked to play from the gardens for people to enjoy.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns if they were unhappy about the service. Records of concerns and complaints made about the service was maintained. The registered manager followed the provider's complaint procedure in addressing complaints. The provider's complaint procedure included how to escalate their concerns if they needed to.
- The provider senior management team and quality assurance team continue to monitor, review complaints and take actions as necessary to resolve them and learn from them to improve the service.

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 good. At this inspection this key question has remained same. 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and their relatives told us the home provided good care and was well-run. One relative told us, "We are happy with the care [my family member] receives. Staff are helpful and friendly, they have kept things on an even keel for residents. [My family member] is very happy." Another relative commented, "Every member of staff has been magnificent and supportive giving extra help to relative during lockdown. We feel visits have been well organised so we could see our relative." A third relative said, "When the new management came things uplifted to another level."
- Staff were trained and supported to deliver care to people that met their needs. Staff we spoke to told us they received support from the registered manager and other members of the management team. and Training and supervision records we checked confirmed this. One staff member told us, "We get lots of support especially during this pandemic, that's why I'm still motivated to come to work." A relative commented, "I think they have set clear standards for carers to follow. Before it was slightly laissez faire, it's higher and more consistent care now."
- There was visible leadership and management presence at the service. People and their relatives knew who to go to if they had any queries about the service. One relative mentioned, "I know the managers well and can contact them at any time. Last January there were issues with GP visits. We spoke to the registered manager and they sorted it and it's working a lot better now."

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 her role and responsibilities in meeting legal requirements of running an effective service and meeting the regulatory requirements of their registration. The registered manager had notified CQC of notifiable incidents in line with their registration conditions.
- The registered manager showed they understood the duty of candour. They had been open and honest about events and incidents that had happened at the home such as safeguarding and complaints.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives were involved about the running of the service and were kept informed about their relative's care and service developments especially at this time of pandemic. One relative told us, "In lockdown the registered manager sent updates daily and now sends three times a week. We [relatives] have

weekly video meetings with the registered manager and we can ask questions in advance or at the time."

- Various methods of communication were used to share information with relatives and to give them opportunity to express their views about the service. The registered manager held weekly video meetings with relatives to discuss changes, share information and gather feedback about the service. The home administrator also sends emails to relatives three times a week to share information and updates.
- Staff told us they felt involved and listened to by the registered manager and other members of the management team. Regular staff meetings took place to discuss the care people received and issues relating to the service.
- The quality of the home was regularly assessed and monitored thoroughly through a range of checks and audits. Quality governance checks were undertaken by internally by the registered manager and at senior management level by the regional support manager and provider's quality team.
- The quality assurance systems we reviewed showed there was an oversight of the quality of the service at all levels. We saw the registered manager reported monthly on various aspects of the service and these were checked by the quality team who chased up and followed up on actions for improvements. These included care planning and delivery, staff training, safeguarding, incidents and accidents, complaint management, and health and safety. There were no outstanding actions at the time of our inspection.

Working in partnership with others.

- The service worked closely with local service commissioners, the NHS Clinical Commissioning Group, and health and social care professionals to improve the service delivered to people.