

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Foxley Lodge Residential Care Home

24-26 Foxley Hill Road, Purley, CR8 2HB

Tel: 02086684135

Date of Inspection: 29 April 2013

Date of Publication: May 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Foxley Lodge Residential Care Home
Registered Managers	Mr. Yogindranath Abhee Mrs. Josephine Militante
Overview of the service	Foxley Lodge provides residential care for up to 22 people who have dementia. In this report the name of the provider who is also the current registered manager appears. The name of an additional registered manager also appears, they were not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register for this location at the time of the inspection.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 April 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, talked with commissioners of services and talked with other authorities.

What people told us and what we found

At our last inspection in November 2012 we identified areas where the provider was not meeting the essential standards of quality and safety. The provider sent us an action plan to tell us how it would become compliant with the regulations. We carried out this inspection to review improvements.

We spoke with people who used the service. Comments included, "they look after us quite well and have a chat sometimes" and "there has been big changes and improvements." Some people were not able to express their views and so we observed the care provided. We spoke with two relatives and a district nurse who visited that day and six members of staff. A relative said they "were very pleased with the care. The staff are very kind."

We found that the provider/registered manager and staff had taken action to address the compliance actions made at the last inspection. There were improved arrangements to ensure that people were supported with decision making and that their views were considered in the planning of care. Written care plans and records had been reviewed and personalised and gave a clearer picture of the support required. Safeguarding policies had been updated, procedures had been followed and staff were aware of what to do if they had concerns. Effective quality assurance systems were now in place.

We also found there were adequate procedures in place for infection control. Staff were provided with suitable training to carry out their work effectively.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

At the last inspection in November 2012 we found that there were insufficient arrangements to ensure that people were supported with decision making or that their views were considered in the planning of care. We asked the registered manager for an action plan to address these areas.

At this inspection we found that people expressed their views and were, as far as possible, involved in making decisions about their care. We saw that care plans had been personalised and written where possible with the involvement of the person and their relatives or representatives. Where people did not have capacity to understand their care and treatment, their next of kin or representatives had signed in agreement with their records. There was a detailed life history profile that had been obtained through discussion with family members or friends. This included hobbies, interests and food preferences.

During our inspection we carried out some observations. We noticed that in the lounge areas staff frequently checked if people were comfortable and engaged them in conversation. They sat next to people, talked with them and asked their permission to undertake tasks such as wiping their hands. There was a birthday celebration and staff encouraged people to sing and clap. People were offered a choice of drink and a piece of birthday cake. Staff were observed to respond to someone's agitation with patience and prompt reassurance.

Some people responded positively to 'memory boxes' that were brought out. These included family photographs, soft toys and pictures from a bygone age. There were other shared memory boxes for people to use. These contained older kitchen and maintenance items that people might recall.

People's diversity, values and human rights were respected. We saw that menu choices took into account cultural needs. One person told us they went to bed when they liked and

staff respected this. We saw evidence that when appropriate family members were consulted about change. For example there had been consultation around suitable flooring for their relative's bedroom.

We saw that in the bedrooms there was a service user guide and an individual memory box of personal items. Some people had brought items of furniture with them. Most bedrooms we saw were individualised with ornaments and photographs. At lunch we saw that the registered manager had introduced plain plates rather than patterned ones. This helped people who might have problems identifying their food. Picture aids had also been developed for some rooms, for example on the toilets. This served as a reminder to people who may experience difficulty finding their way around.

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People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Our previous inspection highlighted that care records were not always up to date and did not reflect the most current and agreed care and support for meeting a person's assessed needs. This did not give assurance that people using the service experienced effective, safe care and support. The action plan sent to us in January 2013 told us that care plans were being reviewed and updated.

People's needs were now assessed and care and treatment was planned and delivered in line with their individual care plan. People we spoke with said "they look after us quite well" another told us "there is always someone around." A relative we spoke with said that "they always keep me informed of any changes that take place." One person told us they went to a local church once a week. Another person had an interest in gardening and there were indoor plants in their room. The manager said that they planned to involve interested people in doing some gardening in tubs or flower beds in the summer months.

A new care records system had been introduced. We looked at six care plans and found that they had all been reviewed and rewritten in the new format. Care plans were person centred and considered the needs of a person with dementia. There were comprehensive details about needs, risks, healthcare and social background. The files included a detailed needs assessment that was completed prior to admission. There were personalised risk assessments and management plans in place to address potential risks associated with behaviour, moving and handling, nutrition, skin integrity and falls. One example of this was an action for staff that stated, "Allow me to calm down. Since I am new I need time to settle in."

There was evidence of regular reviews taking place and plans being updated when needs changed; for example after a return from hospital. Timely referrals had been made to the district nursing service and GP where necessary. Records confirmed that instructions made by other health care professionals had been carried out. For example one person had been referred to the community nurse team for oedema and staff were following their treatment plan to elevate the legs.

The provider may wish to note that there was a discrepancy on two of the weight charts

and information provided by the computer generated system. Some records therefore needed amendment for clarity. As a result of the inspection the registered manager decided to check the accuracy of their scales.

We spoke with the district nurse who was visiting that day. They said "the staff are brilliant" and commented that the staff reassured people while they were receiving treatment and wanted to be updated about any changes to people's conditions.

People using the service appeared alert, contented and responded positively to staff. When we arrived we observed people were engaged in activity. One person was holding a teddy bear and smiling, another person was looking through a book and three other people were browsing newspapers. In the lower lounge there were five residents. One person was stacking a set of giant playing cards and another person watching television. They told us they preferred the lower lounge because they could see the TV better.

Staff members we spoke to were able to describe people's needs and how they supported them. Staff confirmed that they found the new care plans easy to work with and that they had access to the computer to record any changes to people's care or significant issues.

We were therefore assured that there was an improved system in place to provide appropriate care and support that matched people's needs.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

At the previous inspection we concluded that the home's policies and procedures did not reflect the most up to date legislation for safeguarding vulnerable adults and the staff had not updated their training. In addition the provider had not ensured that an appropriate response to abuse allegations always took place. We identified that the service would benefit from further advice and intervention from the appropriate agencies to ensure that people's needs were met and they were better safeguarded.

We found that since the last inspection the manager had been working closely with Croydon local authority's 'Care Support Team' and that both they and the staff had completed relevant training. Records showed that both the manager and staff had completed safeguarding training through the local authority and that the manager also attended a ' alerting managers' safeguarding course earlier this year.

Staff training records and information from the Care Support team showed that in December 2012, the manager and staff attended a training course on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. These provided guidance on working with people who may lack the capacity to make decisions for themselves.

We saw that the Safeguarding policy had been reviewed and updated in line with the PAN London guidance. (Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse). Information about how to raise a safeguarding alert was available in the hall, both staff offices and in the bedrooms. We also saw evidence in supervision records of some aspects of guidance that had been discussed.

Staff we spoke with had a clear idea of what might be considered a safeguarding concern and who they would go to if they had concerns. They were aware of where to locate the guidance and what the safeguarding procedures were. They were also aware of the whistle blowing policy and what to do if they felt concerns for people using the service were not addressed.

There had been two safeguarding alerts since the last inspection. According to our records

these had been correctly identified and responded to. We were told that since the move of a person who used the service to a more suitable placement at the beginning of March there had been no further allegations of abuse received or referred by the service. This was consistent with the information we had received.

There were therefore improved systems to better protect people from the risk of abuse, neglect or harm. Staff understood the possible signs of abuse and the aspects of the safeguarding process relevant to them.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. Regular infection control audits had been put in place from January 2013 throughout the home. We looked at some of these records; we saw that the audits had identified the need for some new carpets in some bedrooms and flooring in one of the bathrooms. During the course of our inspection we noted that this work had been carried out in the relevant rooms.

We saw reports from an infection control audit carried out by the Croydon Care Support team. They had made recommendations on waste and laundry procedures and cleaning in the home. We saw that these had mostly been implemented. The Care Support team informed us that the Nurse Practitioner in the team had offered further support and guidance, around infection control, when required.

We were shown the cleaning schedule. This broke down the daily tasks for each room as well as other less frequent tasks. Two people we spoke with said that their rooms were cleaned daily. One person commented, "They make my bed up every day and Hoover."

We found however that the deep clean of carpets was not routinely recorded. This had also been commented on in the report from the care support team. This meant that those areas that required frequent cleaning may not be highlighted for consideration of other options to reduce smell and the risk of infection. During the course of the inspection the registered manager decided that they would add this deep clean check to the cleaning schedule.

We spoke to the member of domestic staff on duty. They said that they had received training on Health and Safety awareness, Infection Control and COSHH (Control of Substances Hazardous to Health). We were able to verify this from records. Staff we spoke to were clear about the use of different colour coded equipment for different tasks. They also said that there was always a good supply of cleaning materials.

On the day of the inspection we looked around some of the bedrooms, the communal areas and bathrooms and toilets; all areas were clean. In the toilets and bathrooms there were posters that displayed good hand washing techniques, sufficient soap dispensers

and paper towels. There were also hand sanitation units at various places around the building. The hot water supply in the staff toilet (situated in top floor lounge) was not working. We raised this with the manager who advised that this was due to some maintenance work that had taken place in another part of the building. They agreed to arrange for its prompt repair.

Most areas were odour free although there was a slight smell coming from one of the ground floor bedrooms. The manager informed us that there were incontinence issues for this person and these were being addressed. Later on in the visit we observed that the carpet in this person's room was shampooed.

We saw that there were satisfactory arrangements for the washing of laundry and noted that there was a system to separate soiled linen. There were adequate arrangements for the removal of clinical waste.

We saw there was an infection control policy which had been reviewed in December 2012. It covered areas such as hand hygiene, personal protective equipment, waste disposal, cleaning, decontamination and laundry. The registered manager was the nominated infection control lead person and they had access to some guidance from the Health Protection Agency. However on the day they were unable to find their copy of the Department of Health Guidance on Infection Control which provides full guidance on procedures to follow for infection control.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. We looked at the training records for staff who worked at the home. This was up to date and we checked the certificates of training in staff files. We saw that staff received refresher training in important areas of care such as Fire safety, Infection Control, First Aid, Food and Hygiene, Medication and basic Dementia Awareness.

We spoke with the Croydon Care Support team about the training they had delivered at Foxley Lodge. They provided us with a report that confirmed the training they had completed with staff. They advised that further training had been offered on pressure ulcers, tissue viability and training from the London Ambulance Service on basic life support. We saw that dates had been put in place for some of this training. The report stated that although attendance at a three day more intense training on dementia had been disappointing otherwise "training has been enthusiastically taken up."

We spoke to five members of staff including the cook and the domestic member of staff who confirmed they had been on recent training courses. All the staff we spoke with told us that they felt well supported by the senior staff to carry out their role. They confirmed that they had supervision every three months. We saw that this was recorded and any training and development needs were identified and procedures discussed where relevant. This meant that staff were being supported with their roles and had the opportunity to ask questions about aspects of their work.

We saw evidence that some but not all staff appraisals were carried out in 2012. We were told that appraisals for all the staff would be completed in 2013.

Staff were able from time to time to obtain further relevant qualifications. Some of the staff told us they were enrolled on the Qualifications and Credit Framework (QCF) Level 2; the current framework for qualifications in social care. The registered manager confirmed that four members of staff were currently registered on this course.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Our previous inspection found that people were not protected from the risk of unsafe, inappropriate care and treatment due to the lack of effective quality assurance systems. The manager informed us that surveys and questionnaires would be used to gather information to consider ways to improve about the home.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted upon. The manager had conducted a survey of residents and their relatives in December 2012. We were shown the analysis of the feedback. This was also displayed in the hallway. We noted that 43 per cent of those who responded thought the quality of care was very good and fifty percent thought it was good. The remainder had not commented on this question. Individual comments included "the good care and cleanliness of people when I visit is very good," and "Good work is being provided by staff."

We saw from the analysis of the survey that the manager had responded to comments about the laundry by introducing new procedures for staff and that feedback about activities had been responded to.

There was a complaints and comments box in the hallway with forms beside it for people to use if needed. We were advised that no comments or complaints had been received as yet. We saw that a newsletter for family and friends had been produced in March 2013. A 'Resident and Relatives Meeting' had also been introduced although we were informed that attendance had been low.

Regular medication and infection control audits had been introduced. A falls risk analysis was conducted monthly. We were told that learning from this would be identified and if needed new falls risk assessments would be completed. The manager advised that they planned to increase staffing levels. This was because they had identified changes to some people's needs and dependency levels.

We spoke with the local authority commissioning team who had recently carried out a spot

check. They told us that previous issues had been addressed and they had no current concerns

We saw that the manager had a business plan for the previous year which included a list of work to be undertaken. We noted that the chairs in the lounge and dining room had been replaced and work in the bedrooms that had been identified had mostly been completed. We were advised that a new plan for the current year was in the process of being drawn up.

We were assured that improved systems to assess and monitor the quality of the service provided were currently in place.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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