



# Inspection Report on

**Foxhunters Care Community**

**Iberis Road  
Llanfoist  
Abergavenny  
NP7 9LQ**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

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## **Description of the service**

Foxhunters Care Community is situated on the outskirts of Abergavenny, Monmouthshire. The service is registered to provide support to people requiring residential or nursing care, including residents with a diagnosis of dementia. The home has capacity for 70 residents but as it has only been open since November 2018 there are currently 14 residents, including one person receiving respite care. The home is owned by Dormy Care Communities Limited. The company has nominated a responsible individual to act on its behalf.

## **Summary of our findings**

### **1. Overall assessment**

This was a first full inspection of the home, following the commencement of the service in November 2018 and its registration under the Regulation and Inspection of Social care (Wales) Act 2016. There are robust processes in place to ensure a thorough oversight of the service. People enjoy a high standard of care in a comfortable and contemporary environment which has been specifically designed with people's needs in mind. There is particular consideration to ensure people have access to meaningful and therapeutic activities.

### **2. Improvements**

No improvements were identified as this was the first inspection undertaken by CIW.

### **3. Requirements and recommendations**

There were no areas of non-compliance identified at this inspection. Section five of the report identifies and details recommendations made with regard to the service. Recommendations were made in respect of working with community occupational therapists, individual supervision for new staff and notifications to CIW.

# 1. Well-being

## Summary

People living at the home are content. People enjoy a varied and balanced diet. They enjoy person-centred support with an emphasis on choice, particularly in relation to activity provision. There are opportunities for activities both within the home and outside in the community.

## Our findings

People are happy living at the home. At inspection we spoke with six people who all confirmed they were happy, with one person telling us, *"It's excellent here. Anything you want, they will get it for you within reason"*. We saw that although the home was continuing to increase its number of admissions, this was being undertaken with a gradual and considered approach and the compatibility needs of prospective residents with the existing people living at the home were considered to ensure people's experiences remained positive. Through discussion with the manager we were informed there were no specific "nursing" or "residential" areas but people were offered rooms near people with similar care needs where possible. We also observed positive care delivery from staff throughout the home and saw staff sat down to take their breaks with residents and engaged in conversation throughout. We conclude people are settled and content.

There is a high standard of quality and quantity of nutrition for people. We saw menus displayed throughout the home in both the reception areas and in the dining rooms detailing the planned foods for the day which also gave alternative choices. One person told us, *"You can't fault the food...so much variety"*. The manager informed us each dining area used would be allocated a staff "host" to support people with food choices, in addition to the care staff on duty. We saw the kitchen staff had compiled a file detailing all people's likes and dislikes and a kitchen board re allergies and special diets. We saw people in the lounge areas were offered drinks between meals. We also observed people were able to access the coffee lounge at any time for a choice of drinks and cakes and each dining area also had a miniature picnic bench displaying crisps and snacks as well as fresh fruit on offer. We saw people's weights were generally stable and were carefully monitored via an electronic system which would raise an alert if weights dropped or if people's fluid levels decreased, prompting action. We conclude there is robust oversight of people's nutritional needs.

There is a strong focus on ensuring people have access to activities. We saw there were activities on offer throughout the home which ranged from board games, jigsaws, sensory equipment and arts and crafts. The home had appointed two activities co-ordinators who work across all seven days to ensure activities remained available on weekends. We saw there were planned activity schedules and these included one-to-one opportunities for people who chose not to participate in group activities. People told us, *"There is always something going on"*. We spoke with one of the activity co-ordinators who told us the care staff were also dedicated to providing activities and it was planned that staff would undertake more activities as the number of residents increased. We noted residents were given opportunities to go on day trips and outings and a minibus and car were provided for

this. The activities co-ordinator told us risk assessments were undertaken for each person wishing to go on an outing and people were also assessed by the service's physiotherapist where necessary. We did not see the risk assessments. Occupational therapists had not been involved in the assessments to date, however we recommended this should be considered where appropriate. People told us they were involved in planning trips and particularly enjoyed these. We conclude there are ample opportunities for people to enjoy a range of activities and people are readily consulted and their choices are respected.

## 2. Care and Development

### Summary

People are receive care from staff who feel supported and have received sufficient training to competently perform their roles. There is a comprehensive recording system used to monitor people's care needs. New care staff will benefit from shadowing opportunities during their induction period.

### Our findings

People are adequately supported by competent staff. At inspection we saw the provider had employed 50 staff, despite the home not yet being at full capacity. The manager informed us this had been intentional to ensure staff were familiar with the home and had established working practices to ensure the best experience for people moving into the home. We looked at three staff files and noted recruitment procedures were thorough. We were aware there had been some concerns recently raised around the ratio of qualified registered mental health nurses (RMNs) to registered general nurses (RGNs). We found the responsible individual (RI) had considered this and taken action to recruit additional RGNs and provide specialist training for existing qualified staff to address the issues highlighted. We looked at a training matrix for all staff and saw training was up to date. We saw all staff employed before the home opened had undertaken a two week induction together to develop team relationships and ensure the mandatory training was completed. We also were informed that training was planned for some staff who had joined at a later date. We discussed that staff who were joining the team since the home had opened would also benefit from documented shadowing opportunities as part of their inductions and it was agreed this would happen. We conclude staff levels and suitability are monitored and changes are implemented when necessary to support residents and meet their needs.

Care staff feel well supported and enjoy their roles. We spoke with four staff members during our visit who told us, "*I love it here*" and "*The team is fabulous*". We observed staff demonstrated this enthusiasm in their interactions with residents, which were consistently respectful and reassuring. Staff told us they felt able to approach any of the management team in the event of any queries. We saw almost all staff had received supervision in a timely manner in accordance with regulations; however we recommended that new staff may benefit from additional support sessions during the first weeks of their employment to help them settle and provide reassurance. It was agreed this would be beneficial. We saw staff were diligent in recording care interventions. These were stored on handheld devices and provided visual evidence when care interventions took place and also monitored staff response times and actions. We conclude staff are well trained and supported to deliver a good standard of care and make improvements to care delivery when required.

### **3. Environment**

#### **Summary**

The home environment is built specifically with the needs of residents in mind and is furnished and maintained to a very high standard. Due to the fact the home is **very** new, some aspects of maintenance have not yet required routine servicing.

#### **Our findings**

People live in a comfortable and attractive environment which has been specifically designed with the needs of residents in mind. We saw the home had been purpose built with wide and accessible areas. We noted there had been significant attention to detail to create a feeling of both homeliness and luxury. The home was contemporary in design, light airy and at an appropriate temperature. Specific communal areas in the home had been created, including an air-conditioned gym with a range of equipment, a coffee lounge and a bar area with a large television screen. We saw alcohol bottles on display as decorations had been filled with coloured water to ensure people would not be harmed if they were able to access these at any time. There was a purpose-built hairdressing salon near the reception area where residents could be booked in for a range of treatments and we saw that all materials were stored in locked cabinets. We saw dining areas were stocked with available snacks and hot and cold water dispensers. We were reassured there would be staff in each area at all times to ensure people could access these areas safely once the home was busier. We saw there were a number of activity areas throughout the home, including jigsaws, games and arts and crafts. Pictorial references to scheduled activities were displayed in the reception area. We saw the garden area was level and raised beds had been installed to encourage residents who enjoyed gardening. We were also shown a private suite for visiting families, including a dining table and quiet area. Signs were clearly displayed throughout the home in both the Welsh and English languages. We conclude the home is designed and decorated to an exemplary standard.

People are encouraged to familiarise their surroundings. We saw people had personalised their rooms according to their individual tastes. There were also illuminated memory boxes adjacent to every room, to which people had added photographs and other memorabilia. We found people were given choice about their individual private space.

People's safety is maintained. We saw fire drills had taken place. All equipment had been installed from new within the last six months; therefore there had been no servicing yet to equipment such as manual handling equipment, call bells or fire equipment. We will consider this has been implemented at the next inspection. We find equipment and the environment is safe and well-maintained.

## **4. Leadership and Management**

### **Summary**

There is robust oversight of all aspects of the home and the provision of care is closely monitored. There is an emphasis on maintaining an understanding of quality assurance. Reportable events are notified to external agencies in a timely manner on the whole.

### **Our findings**

The service benefits from clear systems which promote a comprehensive oversight of all aspects of the service provision. We saw there were clear policies and procedures in place to audit the delivery of care and identify any themes and issues which may require attention. We saw electronic systems were utilised which prompted staff to update information as it happened and alerted management to any issues. Medication administration records (MAR) were also recorded electronically and the system was able to identify any anomalies easily, such as when residents had refused medication. The system would then highlight when this needed to be reattempted, making it easy for managers to have oversight of the system. We saw that audits were being routinely undertaken, including audits of falls, medication and dignity and respect. We discussed some care documentation could be slightly amended in some instances to give greater clarity around people's care needs at a glance, however systems are robust and provide ample opportunities for oversight of care delivery.

There is good consideration of quality assurance within the home. We saw accidents and incidents were recorded individually and collectively and when repeated incidents had occurred, action had been taken, such as a referral to the falls team for a resident who had sustained a number of falls. We identified complaints were recorded and actioned in accordance with regulatory requirements and as defined in the home's statement of purpose, including verbal complaints and comments that were received via the home's suggestion box. We did note there had been one change in senior staffing in the statement of purpose and this was immediately amended when we identified this. We saw minutes of staff meetings, residents' meetings and relatives' meetings held and noted there had been actions taken following comments raised. One resident had mentioned there was little to do in the evening and the activity co-ordinator had taken action by devising a list of evening quizzes and activities to be delivered by care staff. We therefore find that quality assurance was not only considered, but was responded to.

There is a thoughtful approach to leadership. The manager told us admissions to the home were being monitored and planned steadily and gradually with consideration for new, prospective and existing residents. relatives. We find this approach to be considered and sensitive.

Information is shared with other organisations, including safeguarding issues and notifications to CIW. We did identify one very recent incident that had not yet been passed to CIW and through discussion we recommended the management team familiarise themselves with the new regulations to be confident what would constitute a reportable event. We were assured this would be addressed immediately and the relevant notification completed. We saw that visits by the responsible individual were taking place on a regular

basis in accordance with regulatory requirements. We therefore concluded overall there was adequate leadership and management of the service.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

This is the first inspection for this service. Therefore there are currently no outstanding areas of non-compliance.

### **5.2 Recommendations for improvement**

No areas of non-compliance were identified at this inspection.

The following recommendations were made:

- New staff will benefit from documented periods of shadowing at their induction and an early supervision session to promote good practice.
- The registered persons should familiarise themselves with the regulations to ensure that all notifiable events are reported to CIW in a timely manner.
- Referrals should be made promptly to community occupational therapists to assess the needs of people wishing to use communal transport, if required.

## 6. How we undertook this inspection

One inspector undertook an unannounced visit to the home on 19 March 2019 between the hours of 8.30 and 15.40. The inspection was brought forward following a safeguarding concern which had been shared with Care Inspectorate Wales (CIW). At inspection it was found the issues identified in the concern had been acknowledged and were being actively addressed through employment of additional staff, additional training and closer working with the community nursing teams.

The following methodology was used to compile the report:

- Discussion with seven people living at the home.
- Discussion with the manager of the home.
- Discussion with four staff working at the home.
- Observations of care practices at the home
- Study of a range of documentation held at the home, including the service's statement of purpose, complaints and compliments and accidents and incidents.
- Study of minutes of residents' and relatives' meetings;
- Study of six people's care documentation.
- Study of three recruitment files.
- Observations of all areas of the home.
- Consideration of maintenance files.
- Questionnaires were sent to residents, staff and relatives; at the time of writing no questionnaires had been returned.

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>Dormy Care Communities Ltd</b>
<b>Manager</b>	<b>The manager is registered with Social Care Wales</b>
<b>Registered maximum number of places</b>	<b>70</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>This was the first inspection undertaken by CIW</b>
<b>Dates of this Inspection visit(s)</b>	<b>19/03/2019</b>
<b>Operating Language of the service</b>	<b>Both</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>The service provides the Welsh Language active offer with information readily available in both Welsh and English.</b>
<b>Additional Information:</b>	