



## **Inspection Report on**

**Foxhunters Care Community**

**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**

**Date Inspection Completed**

**30 November 2021**

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## About Foxhunters Care Community

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Dormy Care Communities Ltd
Registered places	70
Language of the service	Both
Previous Care Inspectorate Wales inspection	19 March 2019
Does this service provide the Welsh Language active offer?	This service provides an active offer of the Welsh Language

### Summary

People live in a warm and friendly environment surrounded by fixtures and fittings which are of a high standard. There is ample space, which enables people to choose where to spend their time. There is a safe, tranquil and well maintained outside area available. The service takes a personalised approach when providing support to individuals. People are supported by care workers whom they know well. Care workers are sufficiently invested in, and there is commitment to their ongoing development and learning. The service has an in-house trainer who provides face-to-face training for care workers. There are effective recruitment processes in place for staff, which ensures people living at the service receive support from care workers who have undertaken comprehensive employment checks. The services sets itself high standards and shows commitment to going above and beyond to support the well-being of people.

## Well-being

People are supported to have control over their daily lives. Prior to admission there is an up-to-date statement of purpose (sop) available, which informs people, what facilities and services are available within the care home. This is helpful to people who are identifying services which are able to meet their needs. The sop is reflective of the service people receive. There is a personalised approach taken to the provision of support. Written documentation includes, what matters to people, and the way support is given is recorded clearly. Care staff have developed appropriate relationships with the individuals they support and they are knowledgeable about their needs and preferences. Care staff treat people with kindness, compassion and empathy, thereby ensuring the promotion of dignity and respect. This enhances peoples' feelings of well-being. People contribute towards information recorded in their personal plans as much as possible. People are as involved in their reviews as they can be. Feedback from relatives or representatives is sought at regular intervals. Feedback received is valued and informs the ongoing development of the service.

People are supported to be healthy. People have access to health and social care professionals as they require, and there is appropriate oversight from staff. Menus, which appear nutritious and provide choice, are available. There are two activity co-ordinators employed. They have responsibility for ensuring appropriate social activities, on both a one to one and group basis are routinely available. Information provided detail a varied range of activities available on a group basis. Individual activities, such as crosswords are also available. People can choose to access some activities on their individual bedroom televisions. Most care workers provide support with activities in addition to the activity co-ordinators employed. The home employs some staff who are able to speak Welsh. The service is situated in a predominately English speaking area. However, where individuals' first language is Welsh, there are appropriate facilities to have their support in Welsh, if this is their choice. Welsh culture is recognised and promoted at the service. Having access to a wide range of activities and being able to communicate in people's first language, helps to enhance people's feelings of well-being.

People are safe and receive appropriate protection. There is an adult protection (safeguarding) policy in place. This policy is up-to-date and reflective of Welsh legislation. Care workers are aware of the adult protection policy, and how they access it. Care workers receive appropriate training in adult protection and demonstrate their understanding about the duty to report concerns promptly.

People receive support to stay in touch with their family and friends. Understandably, visiting restrictions during the Covid-19 pandemic have been required to keep people safe. However, the service has followed guidance and visiting arrangements has changed as guidance has allowed. Information about the vaccination status of staff is contained in individual personnel files. People living at the service have temporary Covid visiting

information stored on file. A regular newsletter is compiled. This supports communication with people living at the service and their representatives. Newsletters contain updates about what is happening at the service and helps to keep people informed.

## Care and Support

People receive support which helps them to achieve their goals. Personal plans we considered were detailed and comprehensive. There are good levels of social history information contained within personal plans. Careful attention is given to establishing the wishes and preferences of individuals, what matters to them, and how they want their support to be provided. Appropriate pre-assessment documentation is compiled prior to people moving in. Comprehensive risk assessments are in place and reviewed at regular intervals. Reviews of people's plans take place on a regular basis. Changes identified result in prompt updates to care documentation. Care workers have access to the most up-to-date information. People are as involved in the review process as they can be, and there is appropriate consideration of how the support provided assists people to achieve their goals. Consideration of new and revised goals routinely takes place. The views of family or other representatives are routinely sought. One representative told us, *"I am often contacted to provide my feedback during the review"*. The *"resident of the day"* process enables staff to fully consider the support provided to individuals living at the service on a monthly basis. Resident of the day information includes consideration of the feedback from individuals and/or their representative during the month and details how people have contributed to their review.

People are supported to be as healthy as possible. We saw people had regular access to other health and social care professionals in order for them to remain healthy. Referrals to other professionals are made promptly and staff regularly liaise with other professionals to ensure people receive the right care and support. Medication arrangements in place appear overall effective. Monthly medication audits are completed and these identify where improvements are required. More detailed recordings of what has been put in place to record the achievement of improvements would be appropriate. A recent report compiled by Aneurin Bevan University Health Board in regards to medication arrangements at the service was made available to us. We discussed some areas where improvements were required, and we were told about subsequent changes which have been made. Senior care workers are now responsible for administering medication to some individuals. We were told this is working well and has overall reduced the length of time taken by staff for medication administration.

People are supported to be as safe as possible. There is an up-to-date adult protection safeguarding policy available at the service, which staff are made aware of and have access to. Care workers receive appropriate training in adult protection and talked confidently about their understanding of the duty to report any concerns. The provider keeps appropriate records in regards to referrals made to the local authority team responsible for adult protection. We saw care workers wore appropriate personal protection equipment (ppe). Strong and effective arrangements are in place to support the oversight of infection control practices. Audits of infection control processes are robust and take place regularly.



## Environment

People live in an environment which supports achievement of their personal goals. The service is situated in a residential area on the outskirts of Abergavenny, Monmouthshire. There is a warm and inviting atmosphere. People have access to sufficient space to enable them to choose where to spend their time. There is a large, safe and tranquil outside garden area with suitable seating, which enables people to spend time outdoors if they choose. The fixtures and fittings appear to be of good quality. All bedrooms have en-suite facilities, and provide sufficient space to support people who require additional equipment such as the use of a hoist. Illuminated memory boxes are located next to bedroom doors. Some people have chosen to include items, which are meaningful to them. There is suitable equipment to meet the needs of people living at the service. The use of smart technology is available. All staff have access to pagers and phones, which alert them when individuals require support. There are sufficient levels of staff available to ensure people receive support promptly.

The service is proactive in identifying risks to people's health and safety. Our identity was checked on arrival, proof of our lateral flow negative status requested, and the reason for our visit confirmed, prior to admission into the service being authorised. Comprehensive risk assessments are in place, and are reviewed frequently. Changes identified results in the prompt updating of written documentation, including personal plans and risk assessments. There are sufficient levels of supervision provided by care workers, for those individuals who require it. Oversight of the service is strong, with regular audits of potential risks taking place. This relates in particular to health and safety, falls analysis and infection control processes. Up-to-date personal emergency evacuation plans (PEEPS) are in place. These are comprehensive and reviewed routinely. They are easily accessible in the event of an emergency arising. Appropriate oversight of the safety of gas, electricity and fire is in place. The home employs a small team of maintenance staff who ensure routine checks are in place, and remedial actions identified take place quickly. The service demonstrates strong commitment to kitchen hygiene practices with a high level of good practice being identified at the last food hygiene inspection. A team of housekeeping staff are employed at the service. Written records demonstrate there are effective systems in place to support good infection control practices in regards to cleaning at the service.

## Leadership and Management

The service supports people to achieve their personal goals. There are appropriate systems in place to ensure people receive good quality support. Regular reviews take place to monitor this happens. There is an up-to-date statement of purpose (sop) which supports people to be aware of the type of support and facilities available at the service. The sop reflects the support available to people living at the service. People living at the service, and/or their representatives and staff have regular opportunities to feedback their views. Feedback received appears valued and informs the ongoing development of the service. The responsible individual (RI) visits the service at frequent intervals. Information available in regards to quality visits and quality of care reviews completed by the RI are comprehensive and detailed. It is evident the responsible individual is well known at the service, has developed effective relationships with people living at the service and understands their needs. There is a sound commitment to involve people living at the service and/or their representatives when assessing quality, and how the service could develop further.

People receive support provided by care workers who receive sufficient investment. Care workers spoke positively about working at the service. One told us *"I love working here."* Another said, *"we are a very family orientated team."* All spoke favourably about the support they have received from management. Information contained in staff personnel files identifies overall a comprehensive approach is taken in the recruitment of staff. Full employment histories are available, and staff provide information to support proof of their identity. Appropriate references are held on file, which are verified. Information about the Disclosure and Barring Service (DBS) checks, which took place prior to the commencement of employment, were available on file. However, not all staff had provided a copy of their birth certificate as proof of their identity. No record for the reasons why staff had been unable to provide a copy of their birth certificates was available. Although initial DBS were completed for newly appointed staff, further checks need to take place every three years and the process for this was not clear. We brought these issues to the attention of the manager during our inspection. We received appropriate reassurances, before the inspection was completed, these issues had been fully addressed.



### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

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