Loxley Health Care Limited

Loxley Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Loxley Lodge Care Home on 24 March 2017. The inspection was unannounced.

Loxley Lodge Care Home is situated in the town of Kirby in Ashfield in Nottinghamshire. The service is based in a purpose built two storey building with level access and provides care and support for up to 42 older people who require nursing or personal care. At the time of our inspection 30 people lived at the service.

There was a registered manager in place at the time of our inspection. 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.

People told us they felt safe at Loxley Lodge Care Home and told us they did not have any concerns about the care they received.

Staff knew how to protect people from harm. Referrals were made to the appropriate authority when concerns were raised and CQC received notifications of these referrals.

Risks to people's safety were identified and managed. Assessments to minimise the risk of harm were reflective of people's needs and the risk they faced and were regularly reviewed.

Regular building safety checks were carried out. We saw evidence that regular water safety checks were carried out to reduce the risk and spread of Legionnaires disease.

People expressed mixed views about whether they received care and support in a timely way. We found that sufficient numbers of suitably qualified and experienced staff were deployed in the service. However we noted the provider did not use a dependency tool to assess required staff numbers required and staff rotas were confused and lacked detail. A dependency tool is a system or formula used by a provider to assess how many staff need to be deployed to safely and effectively meet the needs of people using the service.

Systems to ensure safe recruitment of staff were used by the provider. However, this information was not always shared with the Registered Manager at the service.

People could not be assured they would receive their medicines in a safe or timely way. Medicines were not recorded accurately and a system to monitor the amount of medicines stored at the service was not in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Safe recruitment practices were used by the provider but the information was not always shared with the Registered Manager at the service.

People could not be assured that they would receive their medicines in a timely way or as prescribed.

People were protected from bullying and abuse.

People felt safe at the service but expressed mixed views regarding whether they felt enough staff were deployed to meet their needs

Risks to people's safety were assessed, managed and regularly reviewed.

Loxley Lodge Care Home

Detailed findings

Background to this inspection

We carried out an unannounced focused inspection of this service on 24 March 2017. This inspection was carried out after we received concerns in relation to recruitment and deployment of staff and the safety of people using the service. The team inspected the service against one of the five questions we ask about services: is the service safe?

The inspection was carried out by one Inspector and an Inspection Manager and two Police Officers from Nottinghamshire Constabulary. Prior to the inspection, we reviewed information we held about the provider including reports from commissioners (who fund the care for some people) and notifications we had received. A notification is information about important events which the provider is required to send us by law.

We spoke with three people using the service, the registered manager, administrator, a nurse and three care workers. We reviewed staff recruitment files, staff rotas, maintenance records, Medicines Administration Record (MAR) charts, accident logs and the care plans for three people.

Requires Improvement

Is the service safe?

Our findings

We carried out this inspection in response to concerns received regarding the safe recruitment of staff. To assess whether the recruitment of staff was safe we looked at the recruitment files for seven members of staff. We found that five of these contained evidence that the provider had carried out appropriate pre-employment checks. All five included references from previous employers, proof of identity and a current DBS Check, although we noted some lacked thorough employment histories or photographic ID. When we raised this with the manager they were able to locate the missing information or provide it following our inspection. A Disclosure and Barring Service (DBS) check supports employers to make safer recruitment choices.

However, two staff members did not have recruitment records available and had not been interviewed by the manager or any other staff member working at the service. The manager was not able to tell us where these staff had previously worked, what qualifications they had gained, whether they had references and if they had a current and clear DBS check. The manager told us these staff were recruited by the providers head office based in Leeds. This meant that the manager could not always assure themselves that all staff employed were suitably skilled, experienced and of good character.

Following our inspection the provider submitted evidence showing the required pre-employment checks were completed for both staff members prior to their employment at the service.

People gave us mixed feedback regarding staffing levels. Some people felt there were adequate numbers of staff deployed and they did not experience long waits for assistance. Other people told us they felt there were not enough staff, and they often experienced long waits for assistance. People were aware that the provider was seeking to recruit more staff. Staff we spoke with told us, "Sometimes people ring in sick and we struggle, but we can always get agency in." A second staff member said, "Every time I've been on duty there's been plenty of staff on."

We looked at the staff rota for the months preceding our inspection. We found the information contained within the rota lacked detail and it was very difficult to confirm which staff members had worked specific shifts and whether the identified number of staff were available for each shift. For example, it took three staff members and numerous phone calls to a nursing agency to confirm that expected staffing numbers were met for night shifts. Regarding the use of agency staff, a staff member told us, "We always try and get the same staff in; it's very rare that we'll have someone completely new." This meant that systems to ensure there were enough staff deployed during each shift were not organised. This meant that although there were enough staff employed at the service, it could not always be assured each shift was staffed correctly

People could not always be assured they would receive their medicines in a timely way or as prescribed. Medicines Administration Record (MAR) charts we reviewed contained gaps indicating a medicine may not have been administered. For example, one person's MAR chart recorded they had run out of a medicine, however, we saw this was recorded as administered for the next two days despite that medicine not being available. We found that recorded stock levels for boxed medicines did not match the amount of medicine

available at the service. For example, a stock check of one person's medicine had been recorded as carried out eight days before our inspection. The MAR chart for this person recorded that they had received this medicine daily however we could not find any stock of this available at the time of our inspection. When we raised these concerns with care staff and the manager, they were unable to offer an explanation.

Systems were available to record stock levels of available medicines and audit medicines, but these were not always used. The manager told us this was due a change of provider and a change of recording systems. We found that other information was available and being used by staff to help ensure the safe administration of medicines. For example when someone was noted to be at risk of anaphylactic shock due to an allergy the information about this was recorded in the MAR so staff knew what to do.

The staff we spoke with demonstrated a strong understanding of safeguarding procedures including signs and types of abuse and their role in raising a concern. Although none of the staff we spoke with had ever raised a concern directly, all felt they would be confident to do so with the registered manager or directly to the MASH team. MASH is the acronym for Multi Agency Safeguarding Hub, the name given to the local service with responsibility for monitoring safeguarding concerns. We saw records of referral that showed these were made quickly and to the appropriate agencies. Outcomes of investigations were recorded and any findings acted on.

Training records showed that all staff had completed safeguarding training and the staff we spoke with told us they found the training useful. One staff member told us, "We did a training session on safeguarding. I thought I knew most of it but it's good to get a reminder." All of the staff we spoke with were aware of the services' whistleblowing policy and told us they could raise an issue without fear of reprimand. A staff member said, "I've raised concerns at other places so I'd be more than happy to raise them here."

Information about how to reduce risk of injury and harm was available in people's care plans. We saw that staff had completed assessments to identify and manage risk in a number of areas including trips and falls, environment and fire safety. The assessments included information for staff on how to manage risk. For example, how staff could keep a person safe when mobilising. A staff member said, "I always make sure they (person) have their frame if they need it and make sure the way ahead is clutter free." We saw that risk assessments were kept up to date by monthly review or when a person's needs changed. Care staff we spoke with were aware of people's needs and the support they required to reduce risk. They told us that they had enough equipment and resources to meet people's needs. A staff member said, "If there are any incidents, the manager goes through the right channels. The support plans and risk assessments are all up to date and really good."

Records of accidents, incidents and near misses were kept in each person's file and reviewed as part of the registered manager's regular audits. Information from these incidents was also shared with the provider and action was taken to address any concerns identified. This enabled the provider to identify any trends or concerns to help manage future risks.

We saw that the building was clean and well maintained. The provider had taken steps to reduce preventable risks and hazards, for example regular fire and gas safety checks were carried out. We saw records that showed the registered manager carried out a tour of the service to identify any maintenance issues and that regular maintenance of the building and equipment was carried out including portable electrical appliance safety and legionella checks.