

Loxley Lodge Care Home Limited

Loxley Lodge Care Home

Inspection report

School Street
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11 September 2019
15 October 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Loxley Lodge Care Home (Loxley Lodge) is a residential care home registered to provide personal care for up to 42 people in one adapted building. Nursing care is not provided at Loxley Lodge. At the time of the inspection 33 people were living in the service.

The home is registered with the Care Quality Commission to accommodate adults of all ages, including those living with dementia or mental illness and those with physical disabilities.

The environment was not always clean, we found that after areas had been cleaned, cleaners had only worked on surface areas and not underneath equipment which remained soiled.

People's right to make their own decisions was respected. People were supported to access healthcare services if needed. Staff had appropriate skills and knowledge to deliver care and support in a person-centred way. People were supported to have enough to eat and drink.

Staff referred to people in a respectful manner. People felt that staff were kind and caring and treated them with respect.

Staff respected people's dignity and privacy and people were supported to be as independent as possible. Medicines were managed safely and regular audits and checks of medicine management was taking place.

The service was managed by a registered manager who had a clear vision about the quality of care they wanted to provide. Staff were aware of their roles and responsibilities. A range of quality assurance checks were carried out to monitor and improve the standards.

The provider had acknowledged improvements that were required and had put measures in place to make the required improvements. This was being implemented at the time of our inspection and we saw that new processes had been implemented to bring about positive change.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Why we inspected

This was a planned inspection based on the rating at the last inspection. We saw some improvements since our last inspection which was carried out on 24 May 2018 and was rated as requires improvement.

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?

Requires Improvement ●

The service was not always Safe

Details are in our Safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

Is the service well-led?

Requires Improvement ●

The service was not always Well-Led

Details are in our Well-Led findings below

Loxley Lodge Care Home

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.

The inspection team

The inspection team consisted of two inspectors, a specialist medicines advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second visit two inspectors carried out the inspection.

Loxley Lodge 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 11 September 2019. We carried out a second inspection on 15 October. This was due to a technical error which occurred following the previous inspection. We revisited on this date in order to confirm our findings at the previous inspection. .

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections.

We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with 10 members of staff, as well as the nominated individual and the registered manager. 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 reviewed a range of records. This included a random selection of care files and multiple medication records. We looked at staff files in relation to recruitment and supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We identified some concerns around the cleanliness and hygiene of the service. For example, in the downstairs shower rooms, although the visible surfaces appeared clean, the underside of shower chairs were found to be soiled and stained. A commode chair (a portable chair designed to enable people with mobility difficulties to use the toilet) had recently been used and cleaned, however, the seat was clearly soiled.
- On the ground floor we noted the area outside the double toilet nearest to the communal day room was also soiled. Our inspector observed this area for a period of 10 minutes and although staff passed the area several times, none noted the issue or cleaned the area.
- We raised these concerns to the deputy manager and nominated individual at the time of our inspection and they were addressed during the inspection and assured us that improvements would be made to cleaning schedules.
- The provider had introduced policies in relation to infection control and staff had received training in this area.

Using medicines safely

- Medicines were administered in a safe way.
- MAR charts were all signed for when medicine had been given and there were no missing signatures. People received their medicine when prescribed and there was a system in place for ordering repeat medicines.
- Staff who gave medication had been assessed as competent and all staff who administered medicine were trained to do so.
- Regular audits of medicines were carried out and the manager had good oversight.
- The fridge temperature for storage of medicines requiring refrigeration is taken every day and written on a chart.
- One person had covert medication, and this was advised by the doctor. There was no advice regarding how this medication could be given. The area manager contacted the pharmacy at the time of our inspection to get advice regarding what foods the medicine could be used with.

Systems and processes to safeguard people from the risk of abuse

- The provider had clear guidance available for staff in relation to reporting safeguarding concerns and

information in this area was prominently displayed within the home.

- Staff were fully aware of action they needed to take in the event of allegations of abuse.
- The safeguarding file showed evidence of investigations conducted and actions taken, and we had received notifications regarding this.

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

- Some radiator guards were loose and in need of securing. We pointed this out and the registered manager called in the maintenance team to address this whilst we were there.
- The registered manager had assessed, monitored and managed risks to people's health and social care needs and records included specific risks, such as risks associated with pressure damage, nutrition and moving and handling. However, we reviewed one person's care plan who required regular position changes. The daily records for the 21 days preceding our inspection showed that checks were not recorded for 15 of those days. The most recent records confirmed that the person had not developed any skin problems, but the lack of recording or checks exposed the person to unsafe care.
- A clear fire evacuation procedure had been implemented and very detailed Personal Emergency Evacuation Plans had been established.

Staffing and recruitment

- There were enough staff on duty to meet people's needs.
- The registered manager told us agency workers were not used, as permanent employees filled any staff shortages. This helped to provide continuity of care.
- Staff were not unduly rushed and had time to chat with people who lived at the home.
- We saw assistance being provided promptly and call bells were answered in a timely manner.
- Recruitment practices were satisfactory. Relevant checks were completed before staff were appointed and a good range of information was issued to new employees.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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 outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager had ensured people's needs had been thoroughly assessed before a placement at Loxley Lodge was arranged. This helped to ensure the staff team were able to meet individual needs in accordance with people's wishes and preferences.

- Staff applied learning effectively in line with best practise, which led to good outcomes for people and supported a good quality of life. Staff told us that the training was good and helped them to both understand their role and carry out tasks more effectively.

Staff support: induction, training, skills and experience

- We saw induction programmes had been completed by new staff members and the provider had enabled the staff team to complete a good range of training modules.

- Annual appraisals had been completed for staff, which enabled discussions around work performance, areas of concern

- Supervisions were taking place but these needed to be more frequent to be effective. The provider was aware of this and they were scheduled to be carried out more often.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager had introduced nutritional risk assessments, so that people's dietary requirements could be assessed and monitored, in accordance with their needs.

- Menus were available, and a choice of meals were offered.

- The mealtime experience was mixed. Lunch on the ground floor provided a pleasant and relaxed atmosphere for those dining in this area of the home. However, lunch on the first floor was not well organised and therefore could have been a more organised and pleasant dining experience for people. This was discussed with the registered manager, who assured us she would fully audit the meal service and make improvements where needed.

Staff working with other agencies to provide consistent, effective, timely care

- One relative told us "they called the doctor out and [name] went to hospital, it has improved, and they gave very special care"

- We saw evidence of appropriate, timely referrals to health and social care teams in people's care plans.

Adapting service, design, decoration to meet people's needs

- We noted the corridors had recently been tastefully decorated and modernised, which provided a

comfortable and homely environment for those who lived in this area of Loxley Lodge.

- The home was adapted to meet the needs of those living there and there was enough suitable equipment to ensure people were looked after safely.
- The premises had sufficient amenities such as bathrooms and communal areas to ensure that people were supported well.

Supporting people to live healthier lives, access healthcare services and support

- There were good systems in place to ensure that people saw healthcare professional when required.
- We saw evidence in care plans where people had been referred through to the GP or nurse specialist when their health care needs had changed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had ensured mental capacity assessments and best interest decisions had been conducted for each area of care. DoLS applications had been made as appropriate.
- The provider had obtained evidence to demonstrate legal authority had been granted for named individuals to act on behalf of people who lacked capacity to make decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- One person said, "They treat us lovely, they are all nice and sociable." Another told us "My family visits every day and they make them welcome"
- We observed that people were treated with kindness, dignity and respect. We received feedback from people and relatives which supported this.
- People had effective relationships with staff who provided their care and support.

Supporting people to express their views and be involved in making decisions about their care

- People and their families were involved in care planning and invited to express their views in all aspects of their lives. One person told us "They always ask us when they are doing anything."
- The registered manager listens and acts on any feedback received from people. People are consulted about their care and treatment and any changes explained and discussed with people and invited to give their views.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected.
- We observed how staff treated people with dignity and respect and provided compassionate support in an individualised way.
- People's needs were recorded in detail and staff we spoke with demonstrated a good knowledge of people's personalities and individual needs, and what was important to them.
- People had access to Advocates who represent the interests of people who may find it difficult to be heard or speak out for themselves.

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 requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff who knew them well and understood their preferences.
- People had care plans which were personalised and detailed. However, these were not always up to date and the provider told us that a new format was being introduced to give more clarity to the plans. This would also ensure that regular updates were taking place and they would be live documents which were current and relevant.
- People's communication needs were assessed, and staff could explain what different formats could be used to communicate should this be needed. At the time of our visit, most people using the service could communicate verbally.
- Activities were planned by an activity co-ordinator who told us that they worked on a rota and provided a range of activities. On the day of our inspection we saw people playing bingo, reading books and newspapers, colouring patterns and drawings and playing dominoes.

Improving care quality in response to complaints or concerns

- People knew how to complain and were confident that they would be listened to.
- The registered manager actively requested feedback from people and their relatives. Complaints and compliments are followed up and a resolution sought for complaints. People told us that they knew how to complain should they need to.
- Feedback from relatives and residents is collated and addressed. The registered manager was proactive on responding to feedback and was keen to engage with people and relatives to gain an understanding of how they could make improvements.
- People were encouraged to give feed back and offered every opportunity by meetings, questionnaires or just by speaking to staff or management.

End of life care and support

- Preparation was made for end of life care sympathetically and with the aim of people being supported to have a pain free and dignified death.
- Staff understood people's needs, were aware of good practise and guidance on end of life care, and respected people's religious beliefs and preferences.

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 requires improvement. At this inspection this key question remains the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had been rated as requires improvement at the last inspection. During this inspection we could see that changes were being implemented and advice was being adhered to. However, this needed to be embedded into the service and changes made to see the improvements required.
- Changes and improvements were being made and people told us that the registered manager was approachable.
- Senior management were present during the inspection and they were open and honest about the service.

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 provider understood the duty of candour and were keen to show us improvements made since our last inspection.
- The registered manager understood their regulatory requirements and consistently ensured that they notified us about events that they were required to by law. However, these were not always sent in a timely manner. The management team we spoke with were not aware of all of the notifications which they are required to submit to CQC. Following our feedback and discussion we received notifications on time.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Management and staff were very clear about their roles and worked together as a team to provide appropriate support for people. The registered manager was relatively new in post but had a clear vision for service improvements.
- Management had recognised the issues with the service delivery and had brought about changes. These changes need to be sustained and embedded into the service as they were only just implemented at the time of our inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People living at the service were given opportunities to give their views on all aspects of their care and

support. They are regularly consulted with and their views were taken into consideration.

- The registered manager told us that they were keen to engage with people regarding changes and improvements to the service.

Continuous learning and improving care

- The provider told us that they had made marked improvements within all areas of the home. One person told us, "there's been lots of improvements, the manager is fantastic."
- The staff we spoke with said that they would feel confident to report accidents and incidents and that learning or recommendations from incidents were shared with them.

Working in partnership with others

- The service worked in partnership with other professionals to provide holistic, timely support. This was especially important with people's complex health needs and with those living with dementia.
- We saw that people had been referred to specialist health teams in a timely way when their needs had increased or health had deteriorated.