Leyton Healthcare (No 4) Limited

Loxley Lodge Care Home

Inspection report

School Street
Kirkby-in-Ashfield
Nottinghamshire
NG17 7BT
Tel: 01623 757475
Website: None

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 16 and 17 July 2015 and was unannounced. There were no breaches of legal requirements at our last inspection in 2013.

Loxley Lodge Care Home provides accommodation and personal care to up to 42 older people, some of whom have needs related to dementia. There were 34 people receiving a service when we visited.

The registered manager was present throughout this 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 were safely cared for by enough staff who knew what action to take to keep everyone safe. The provider used safe systems when new staff were recruited and all risks to safety were minimised. Medicines storage arrangements were being improved and medicines were well managed to make sure people received them safely as prescribed.

Summary of findings

Staff received regular training and additional information about how to meet people's individual needs.

People had sufficient food and drink and staff encouraged and supported them individually, if needed. People's health needs were met by GPs, community nurses and any additional healthcare support, which was promptly arranged when needed.

Staff were kind to people and cared about them. Choices were given to people at all times. People's privacy and dignity were respected and detailed personal information was held securely.

The service responded well to people's individual needs, interests and preferences and also to any concerns or complaints raised. Feedback from people was welcomed and encouraged.

A representative of the provider company visited regularly and actively monitored the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff understood what action they needed to take to keep people safe and new staff were thoroughly checked to make sure they could safely work with people at the service.

Action was taken to minimise all risks to people's safety and there were enough staff employed to keep people safe at all times.

Medicines were well managed and action was taken to ensure all medicines were stored appropriately, so that people received them safely.

Good

Is the service effective?
The service was effective.

The staff were trained to support people with their individual needs and refresher training was given when needed.

People received enough to eat and drink and they had the support they needed to see their doctor and other health professionals as needed.

People consented to the care they received and their rights were protected by the use of the Mental Capacity Act 2005 when needed.

Good

Is the service caring?
The service was caring.

People were well cared for and staff showed compassion in the way they spoke with people.

Information was available about advocates to speak on behalf of people and relatives represented some people's views when needed.

People were treated with respect at all times and their privacy and dignity were promoted.

Good

Is the service responsive?
The service was responsive

Care was personalised and responsive to people's needs. Activities were constantly provided and were specifically designed to meet people's needs and reflect and promote their individual interests.

Comments about the service were welcomed. There was a robust system to respond in full to every concern or complaint, however received.

Good

Is the service well-led?
The service was well led.

There was a registered manager, who led the staff team by her own example. A culture of openness and honesty was encouraged at all times.

Good

Summary of findings

The staff were well supported and there were systems in place for staff to discuss their practice and to report any concerns.

The quality of the service was well monitored.

Loxley Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 and 17 July 2015 and was unannounced.

The inspection team consisted of one inspector 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.

Before the inspection visit we reviewed all the information we held about the service. This information helped us to decide which areas to focus on during our inspection and included notifications of incidents. A notification is information about important events which the provider is required to send us by law. We also received a Provider Information Response from the registered manager and this contained comprehensive information that described how the service was compliant with regulations.

During the inspection, we spoke with eight people that were using the service and six relatives who were visiting. We also spent time observing the care and attention people were receiving before, during and after their lunch. We used the Short Observational Framework for Inspection (SOFI) in one area. SOFI is a specific way of observing care to help us understand the experience of people who cannot fully express their views by talking with us.

In addition to the registered manager, we spoke with the regional manager, who represented the provider, two domestic staff and four care staff. We looked at the care files of four people and records relating to staffing, accidents, incidents and complaints.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. A regular visitor told us they were content that their relative was safe there. Another visitor said, "I think they're all very safe here" and another said, "I can see my [family member] is safe here."

From our discussion with staff we were assured that they knew about the risks of abuse and how to keep people safe. They had received training about roles and responsibilities and had information about who to contact if they were concerned that someone was being abused. There were records to show that all staff had completed their training in this area. Staff gave us examples of how they used their training and this showed us that they understood what action they needed to take in reporting any concerns.

We saw examples of clear risk assessments in people's care plans. The guidance and direction to staff was sufficiently detailed and covered all potential risks including those involved in assisting people to move, the risk of falling and the risk of developing pressure ulcers. The action plans detailed action to take to reduce these risks and all risk assessments and plans had been regularly updated. Staff were aware of potential risks and we saw that people who sat for long periods were sitting on pressure relieving cushions to avoid pressure ulcers. We observed staff following safe procedures when using a mobile hoist to transfer people between chairs.

There were sufficient numbers of staff available to ensure people's needs were met safely. People told us there were always enough staff to help them when they needed it. One person said, "When I press my buzzer they come to help me fairly quickly." A regular visitor also told us, "I hardly ever hear the call bells, but when I do it's not for long, perhaps a minute or two." They also told us there was always at least one of the care staff in the lounge with people.

During our structured observation on the first day of this inspection, we saw that three of the five people we concentrated on received almost constant attention from care staff. This helped them to have a positive mood and kept them engaged with activities. The fourth was occupied with visitors, but also received some attention from staff. The staff were friendly with the visitors and their relative, so they felt comfortable and welcome in the home. The fifth person was asleep for a long period and staff were observing, but explained that this person had not slept during the previous night. On the following day, we saw that this person was more alert and had regular interactions with staff. From our observations, there were enough staff available to give regular individual attention.

The manager told us that the number of care staff on duty was based on people's dependency needs and the times when more people needed attention. For example, there were more care staff available during the evenings with a specific twilight shift so that an extra member of staff was always available when people needed more assistance at bedtime. The manager was available during other peak times to assist when needed. She told us that recruitment was currently taking place to employ a further member of care staff so that there were always sufficient staff employed.

People were protected against the risk of receiving support from staff that were unsuitable for their role. Staff confirmed they had been through a robust recruitment process that made sure they were suitable for the work and would look after people safely. We looked at the way checks were undertaken and found there was a clear procedure, so that no new staff could start unless they had appropriate references and been through satisfactory checks. The manager was adding clear health declarations to this process to ensure people were cared for by staff that were sufficiently physically fit to meet their needs.

People told us that the staff looked after their prescribed medicines and they trusted them to give medicines to them at the right times. Senior staff were responsible for medicines and were fully trained to do this. Their competence was checked regularly by the local pharmacist as well as by the manager. We observed one of the senior staff giving some people their medicines at lunchtime and saw good practice in the way this was done, including clear communication with people. For example, one person was told, "It's your bone tablet to chew not swallow." In this way, most people understood what they were taking.

All medicines in use were stored securely in medicine trolleys which were then stored in a room with the stocks of medicines. This room was secured when no staff were present. The current temperature was slightly over the recommended 25 degrees centigrade for medicines to be maintained and staff had been monitoring the temperatures during the hot weather. Due to the concerns the manager had about temperatures, arrangements were

Good

Is the service safe?

being made for all medicines to be moved to a cooler room. There was also a refrigerator that was well maintained for storage of medicines that needed to be kept even cooler. This showed that action was being taken to ensure the quality of medicines was maintained, so that they would work safely in the way they were intended.

We saw the current medicine administration record (MAR) sheets that were used to record when people had or had not taken their medicines and these were initialled by staff for each medicine. Most of the records were printed by a pharmacist with the information taken directly from the doctor's prescriptions. There were some recent handwritten additions and these had each been signed by a second person to check they were correctly recorded. There was also information about how medicines were to be administered and the reasons for them. We saw an example of a clear plan about one medicine that was to be given only if needed. All the staff we spoke with about medicines were fully aware of this plan. This meant that care was being taken to ensure people were given the medicines prescribed to them safely at the times they were needed.

Good

Is the service effective?

Our findings

Two people told us that staff knew how to help them and a relative told us that staff always used correct techniques to lift their family member. Another visitor said, "Staff are good, they seem to know what help people need and how to do everything."

Staff told us about the training they had undertaken, which they described as regular and kept up to date. They had a mixture of workbook, classroom training and individual training. All necessary subjects were covered to enable them to meet people's needs. We saw a training plan and the manager used this to ensure everyone's refresher training was completed.

Staff told us they could approach the registered manager or deputy manager should they need support at any time, but they also had regular individual supervision meetings, when they could discuss their training needs. The manager had a plan for these to make sure everyone received some form of supervision every two to three months. This sometimes involved the manager observing staff as they worked. It showed us that all staff were supervised and their practice was monitored so that they had the skills to meet people's needs effectively.

People consented to the way their care was provided. One person said, "I can get up and go to bed whenever I wish to." People told us the staff always asked them what they wanted to do and what help they needed. We observed this happening. We saw that people who were independently mobile were free to move around the building and use the lift to travel between the two floors, although most people appeared to stay on their own floors. Everyone could choose where to spend their time including a garden area, with support from staff if needed.

Staff told us they had received training on the Mental Capacity Act (2005) (MCA) and demonstrated through discussion that they knew they were acting in people's best interests on occasions. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected in relation to consent or refusal of care or treatment. We saw examples of where some people did not have full mental capacity to make some decisions and there were appropriate assessments that led to specific plans to direct staff to act in people's best interests. In our discussions with staff, they told us they always assumed people could choose and make decisions for themselves, but they also knew when they needed to assist with some decisions and encouraged people to receive their personal care. In this way, they were providing care and meeting people's needs effectively.

Entry and exit to the home was controlled by electronic keypad, which protected people that needed supervised access to the community. Staff were aware of the Deprivation of Liberty Safeguards (DoLS) and the need for these for some people. The manager told us of applications she had made for DoLS in respect of some people at the home. DoLS protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. Staff were following the DoLS that had been agreed so that no one was being unlawfully restricted in any way.

There was a dining area in each lounge and we saw that people were asked where they wanted to have their meal. Some people chose to sit at a dining table and the others chose to remain in their lounge chairs. Staff served the meals to people wherever they were. Most of the people we asked said that the food was, "Okay." One person told us, "There's always a choice." We saw the menu for the day was presented on the dining tables and was supported by pictorial representation. A person told us, "I can ask for what I want and they will bring it, even if it's not on the menu." Most people were eating unaided, but where they needed help, care staff assisted sensitively and with encouragement. A regular visiting relative told us the person they were visiting was "always a good eater and likes everything they serve. So do I." The registered manager told us that visitors were always welcome to eat with people and that they aimed to create a sociable dining experience for those that wanted it. One person told us that they sometimes wanted their meal later than other people and said, "They always keep it for me until I'm ready for it." We also saw that people had a choice of drinks that were available in the lounges throughout the day. This showed that people had choices of what to eat and drink and when to have it.

We saw there were two cooks employed so that they could prepare and serve both main meals every day. The cooks had information about people's dietary needs and preferences. We saw meals being served to meet specific

Good

Is the service effective?

needs and requests including those related to culture and religion. We saw that when one person was not enjoying a sauce served with their meal the staff were quick to replace the whole meal for the person. Care staff kept records of what was eaten. These were used to review people's nutritional risk assessments and care plans and a check was also kept on people's weight. In this way any risks could be identified and we saw that action had previously been taken where there were concerns.

People were supported to maintain good health and to receive medical treatment whenever they needed it. Records showed that some people had regular visits from district nurses. One person said, "They get a doctor to me when I'm poorly." We saw records of dentists, opticians and a chiropodist visiting people at the home too. We saw that following assessments action had been taken to provide pressure relieving equipment. We also found clear information had been prepared for each person to take to hospital with them should they need to be admitted there. This included a snap shot of important information emergencies and more detailed information for their continued care whilst they remained in hospital. The manager told us that they always provided a member of staff to accompany people for hospital appointments if needed so that healthcare was made accessible.

Good

Is the service caring?

Our findings

One relative told us they chose the home for their family member after seeing the caring and compassionate attitude of the staff during their first visit. One person told us they had not been resident very long, but they had settled and they were "quite satisfied" with the staff and all the care they received at the home. Other people told us that all the staff were kind and caring. One regular visitor said, "They are lovely staff and always willing to have a little chat."

People received care and support from staff who listened to them and talked to them in a way they could understand. People's needs, preferences and life histories were detailed in their care plans and staff showed they were aware of these. The people who used the service had varying abilities to communicate verbally. In each of the care plans we looked we saw there was a communication care plan in place which, together with their training and experience, gave staff the guidance they needed to be able to communicate with people effectively. We observed that staff spoke kindly and in a friendly manner with people, using their preferred names at all times. We saw that the staff showed good humour and patiently gave time for people to respond to them. When there was opportunity, they encouraged people to communicate with each other by finding things they had in common.

The care staff told us they considered all their colleagues to be very caring. They said they would use the whistle blowing policy and report anyone if they ever saw anything that was uncaring. People appeared comfortable with all the care staff on duty during our visit.

Relatives told us they felt welcome to visit at any time. They knew there was a room for them to stay overnight if their family member was not well. They joined in with activities and had always been offered full meals during their visits. One visitor said, "They show they care about me too."

Information about advocacy services was available if anyone needed an objective person to speak on their behalf. Most people wanted their relatives and friends to assist them with decisions about their care. Two visiting relatives told us the discussions they had with care staff on behalf of their family members had been positive and helpful. One relative gave us examples of how the staff worked with them to provide care in their family member's best interests. They said, "We've agreed a way of working with my [family member]. They allow some natural sleep, but always encourage [family member] to get up for lunch and we're working together to re-establish a proper sleep pattern."

People's privacy and dignity were respected and promoted. Three people told us they felt their privacy and dignity were always respected. One relative told us that their family member's dignity was always considered and respected. They needed the assistance of a hoist when transferring between chairs and staff made sure they were fully covered during the manoeuvre, so that their dignity was maintained. One person told us that staff always knocked on their door every morning when they came to assist them.

Two staff told us about their training that included respecting people's dignity in every way they could. The registered manager and other senior staff had completed additional training and were "Dignity Champions". This meant it was their role to remind all staff about good practice in maintaining people's dignity. We saw half of one notice board in a shared area was dedicated to this and clearly stated the ten point dignity challenge showing what staff should do to always respect people's dignity and uphold their human rights. Staff told us they always treated people with the same respect they would want for themselves or a member of their own family. They respected the times when people wanted to sit quietly with their own thoughts, but were available when assistance was needed. We saw that people were wearing clean clothes and when someone spilt some food on their clothes, staff immediately suggested they change and assisted with this. There was a hairdresser in the home when we visited and people were encouraged to take pride in their appearance when staff complimented them on their hair. These examples showed that the service was promoting privacy and dignity.

Good

Is the service responsive?

Our findings

One person told us, “They are good here. They find ways to help everyone.” Another person said, “The manager makes sure I have everything I need. She made sure I got this chair.” A social care professional told us about special arrangements made in response to a particular person’s needs as soon as they moved in, “Nothing was too much trouble at Loxley Lodge and great care was taken to make [the person] feel comfortable in the new surroundings.”

The service was responding well to people’s individually assessed needs and the staff knew how to meet people’s needs. The registered manager and other senior staff had attended an extended course in ‘Dementia Care Matters’. Such courses raise awareness so that care staff are better skilled in valuing people with needs related to dementia and we saw that people were valued and benefitted from the extra work that was done to meet their needs.

We saw that people’s individual needs, preferences and life histories were detailed in personalised care plans. The care plans were written in a way that promoted people’s independence and gave guidance to staff about how to take account of the person’s disability and possible changes in their understanding. Care staff found the plans were easy to follow and kept them up to date. They were aware of people’s individual needs and had an understanding about people’s backgrounds and cultures. This enabled them to speak with people about their experiences and about family members that might be visiting.

People were able to access activities and facilities in their local community because staff responded to their individual needs and preferences. We observed that one person with needs related to dementia expressed a wish to go out to the shops and a member of staff accompanied the person to ensure they were able to do some shopping safely. We heard arrangements being made for another person to do this. One person told us they had the support they needed from staff to enable them to attend activities which were important to them, which included ‘Weightwatchers’ group every week and also a local fortnightly ‘Friendship Club’. Two people told us about trips out for meals with relatives and that staff always made sure they were ready to go. We observed this happening during our visit.

One person told us they enjoyed watching films and listening to music and that they had all the necessary equipment in their own room. Visiting relatives told us about the ‘Tea Room’ that was available for families to meet together and for birthday parties. The room was not being used during our visit, but we saw it was set out ready for anyone to have their afternoon tea there. Care staff told us they used the tea room as a safe quiet place for people to sit when they needed a place to be calm, away from others. We also saw a sweet shop that was available for people and their families to purchase their favourite sweets. This gave people opportunities to reminisce as well as being a focus for visitors. The staff encouraged and supported people to try the different sweets. The registered manager was in the process of moving the sweet shop to a more central position in the home, so that people would use it more often without prompting. New stock was ordered in response to people’s particular preferences and needs.

All care staff took part in leading and joining in various group activities. The staff were supported by occupational therapists from a local authority Dementia Outreach team and had developed their skills and confidence in providing suitable activities. The activities co-ordinator attended a regular activity forum with others from different services in order to share ideas and experiences so they could improve people’s quality of life.

We saw a group of people playing picture bingo. This was specially designed so that everyone could join in and the member of staff showed the picture as well as speaking the word. Everyone was enabled to join in. We saw people enjoying a great deal of individual activities in addition to group activities. These included draughts and dominoes. There were also magazines and books that we saw care staff using for individual discussion and reminiscence. We noted that all people were spoken with regularly by care staff. One relative told us that their family member continually received “a fair amount of stimulus from carers.” This relative said the staff were all excellent in the way they understood that they needed to speak with the person and guide and encourage them with things. They told us staff were always patient with the person “even if they don’t get a reply.” Two relatives told us the home was extremely good at organising special events throughout the year and this helped everyone to acknowledge the changing seasons and special celebrations. They were looking forward to the summer fayre.

Good

Is the service responsive?

People could spend time wherever they wished in the home. During our visit, most people were in one of the lounge areas and some chose to spend time in their own rooms. Others were in the entrance hall and we saw that two people enjoyed spending time together on a park bench in one of the corridors. There was a garden area with a small aviary where people could sit outside. Two people told us they enjoyed sitting out in the fresh air for part of every day. Care staff knew when people wanted to access the garden at particular times and assisted them when needed.

In many parts of the premises there were relevant pictures and photographs to stimulate people's interests and discussions. These also promoted people to feel safe and to locate where they wanted to be. The care staff did not wear uniforms and the registered manager told us this was to avoid any barriers or an institutional feel. With no uniforms there was a homely atmosphere, which responded well to the needs of everyone there. One relative said, "This is my second home really. I know [name of person] feels at home here. It's the same for all the people here. They just live together as a big family."

The service responded very well to any concerns people had from time to time. Visiting relatives told us they felt they could speak to the manager at any time about anything and had always been totally satisfied with the responses given. The complaints procedure was displayed on a notice board and also included in the information about the home that people received when they first moved in. Records were very clear to show complainants were satisfied with the outcome of investigations into their complaints. The registered manage kept a clear record of each concern raised with her, verbally or in writing and had responded to these individually. There were clear indications that all complainants were satisfied with the outcome of investigations into their concerns and complaints. Any action needed was discussed with staff immediately and in staff meetings so that everyone could learn from any particular incident and improvements could be made.

Good

Is the service well-led?

Our findings

One person told us, “The manager makes sure everything is run very efficiently here.” A relative told us, “The manager is always here when I visit and she helps the carers when they’re busy.” Another relative said, “Everyone knows who the manager is. She’s always making sure everyone is alright.”

From comments we received from people and their relatives, we found the manager was open with them at all times. Two relatives told us the manager or other staff were proactive in calling them if there were any problems or concerns relating to their family member. Relatives also told us they were involved in planning their family member’s care and in planning special activities like the summer fayre.

Staff leadership was provided by the registered manager and a deputy manager, who was always available when the manager was on holiday. The manager led the staff team by example. One of the staff said, “The manager is experienced. She’s very supportive and helpful with anything we need.”

Other staff told us they felt well supported and had regular individual supervision sessions. One experienced care staff member told us they could approach the registered manager or deputy manager easily, whenever they wanted to discuss anything. There were regular staff meetings and staff said they could speak out at these meetings if they needed to. We saw the minutes of the previous staff meeting showing that a positive set of values was promoted. Information was passed to staff about continually improving the service, such as in areas of confidentiality, staff training and there was a reminder to ensure all call alarms were answered within four minutes. There were also further meetings between the manager and senior staff where discussion was encouraged around similar issues, as well as about any changes needed to people’s care plans.

The registered manager understood their responsibilities to deliver a high quality service. With the support of senior staff they ensured the CQC and other agencies, such as the local authority, were notified of any issues that could affect the running of the service or a person who used the service.

A representative of the provider company visited the home each week and had systems in place to monitor the quality of the service. This included checking the manager’s analysis of any accidents and incidents and all issues relating to staffing and the premises.

Feedback from people that used the service and their relatives was encouraged and a satisfaction survey was carried out three times each year. We saw previous comments received were displayed on a notice board in quotes and using a pictorial graph. The manager told us any action needed would be clarified on the same notice board where needed. However, all comments showed people were satisfied or very pleased with the service and were not requesting any changes.

We saw evidence that people’s care plan files were regularly audited to check that all the information was present and up to date. There were also up to date records of checks on equipment and the premises and systems were in place to report any problems. Records showed that when any item of equipment needed replacing it was addressed immediately. This meant there was attention to the quality of the care provided.

The manager kept up to date with all relevant guidance. She was well aware of the latest guidance on providing appropriate environments for people. Furniture had been rearranged to provide a homely setting and stimulating materials on the walls of corridors had been modified to meet guidance from the fire officer.

The manager had a good relationship with other organisations, such as the local authority and medical professionals. We received information that confirmed the manager worked with them well. This included positive comments about the care people received and the staff providing the care.