

Inlet Ltd

Loxley Court

Inspection report

455 Petre Street
Sheffield
South Yorkshire
S4 8NB

Tel: 01142420068

Date of inspection visit:
20 April 2022
27 April 2022

Date of publication:
16 May 2022

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 ●

Summary of findings

Overall summary

About the service

Loxley Court is a care home providing personal and nursing care to 31 older people across six units. At the time of the inspection two of these units were closed. Some units were gender specific and specialised in providing care and support to people living with dementia, complex needs and/ or a mental health condition. The service is registered to support up to 76 people.

People's experience of using this service and what we found

The service was safe, and people were cared for by staff who treated them with kindness, dignity and respect. Risks to people's health and safety were assessed and mitigated. Medicines were managed in a safe and proper way. Incidents and accidents were logged and investigated and learnt from where appropriate. There were enough staff to keep people safe and meet their needs in a timely manner.

People were supported to take part in a range of activities and planned events at the home. Our observations showed there were periods which lacked opportunity for meaningful activity or social stimulation. The registered manager assured us they would continue to seek and act on feedback in relation to the home's activity provision. Since we last inspected Loxley Court the new care provider had completed a large-scale refurbishment of the home, with many of the units being re-modernised and adapted to meet people's needs.

Staff were knowledgeable about people's needs. The service used an electronic care planning system which supported staff to regularly review the care and support people needed. People were supported to maintain their nutrition, hydration and health. 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.

A quality assurance system was in place, including audits carried out by the registered manager and provider. Action plans were written and signed off when completed. All incidents and accidents were reviewed to reduce the risk of a reoccurrence. Complaints were responded to appropriately.

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

Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection.

The last rating for Loxley Court under the previous provider was requires improvement (Published 11 October 2019).

Why we inspected

This was a planned inspection based on the date of registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Loxley Court

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by four inspectors. An Expert by Experience spoke to people living at Loxley Court and made phone calls to people's relatives to gain their views. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Loxley Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cameron House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last focused 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, clinical lead, nurses, care staff, therapy staff, domestic staff and kitchen staff. We made observations throughout the inspection to help us understand the experience of people who could not talk with us. 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 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection (under the previous provider) we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to see their family or friends in accordance with government guidance. Visitors were not limited, unless this was necessary to ensure the safety of people, their visitors and staff. For example, a booking system was in place to ensure visitor footfall at the home remained safe and manageable.

Using medicines safely

- People's medicines were managed in a safe way. Staff were trained to administer medicines and they received annual checks to their competency.
- We checked records and actual medicine stocks and found balances to be correct. Medicines were ordered, stored and disposed of safely including controlled drugs.

Staffing and recruitment

- Most staff were safely recruited, with pre-employment checks completed before they started working at the service. In two staff files we found an incomplete employment history, which is required by law. The registered manager audited all staff files after the inspection and told us they addressed any recruitment gaps retrospectively.
- There were enough staff deployed to keep people safe. We observed plentiful staff in all units and there was an unhurried and calm atmosphere.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the

risk of abuse

- Risk assessments, and guidance for staff to manage the known risks were in place and regularly reviewed. Staff knew people's needs and how to mitigate the risks they faced.
- Regular checks of the building and the equipment were carried out, to keep people safe and the building well-maintained.
- Staff had completed training in safeguarding vulnerable adults. They knew the signs of potential abuse and how to report this. Staff were confident the registered manager would respond to any concerns they raised.
- Staff had been trained in their responsibilities for safeguarding adults. They knew what action to take if they witnessed or suspected abuse and they were confident the registered manager would address any concerns they raised.
- People consistently told us they felt safe. Comments included, "[Relative's name] is 100% safe. They are looked after lovely and it's clean and doesn't smell. I have no problems at all" and "I feel safe, nobody gets upset."

Learning lessons when things go wrong

- All incidents and accidents were recorded and reviewed by the registered manager to ensure actions were taken to reduce the risk of a reoccurrence.

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 our last inspection (under the previous provider) we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain their health and wellbeing. Timely referrals were made to medical professionals when required.
- People benefitted from a multi-disciplinary approach to planning their support. The provider employed a therapy team with a range of qualifications, so the service was well-positioned to support people with their nutrition, mobility, behaviour, mental health or ability to complete everyday tasks.
- Care planning was undertaken in line with best practice guidance and research. Each person had an oral health care plan, detailing the support they needed to maintain their oral health. Staff recorded when they had supported people with their oral care.
- People with behaviours that may challenge others received effective support in this area. People's care plans identified the best approach to support them, with proactive strategies designed to improve a person's quality of life and remove the conditions likely to promote behaviour that challenges.

Staff support: induction, training, skills and experience

- Staff received the training they needed to carry out their roles. There was a high level of compliance for the completion of training courses, including those the provider considered to be mandatory and those that addressed specific health needs, for example, dementia.
- Staff told us they felt well supported and were able to raise any issues they had with the registered manager informally or through planned meetings, such as supervisions. Appraisals had recently been undertaken which discussed performance, training and enabled staff to give feedback on working at Loxley Court.
- New staff received a structured induction program and completed a period of shadowing with an experienced staff member before they began to work unsupervised. This meant key learning objectives in a staff member's induction to the service and role were met, such as checking their competency or understanding of the service's policies and procedures.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet;

- An assessment of people's support needs was completed before they moved to Loxley Court. The registered manager followed up referrals with the hospital discharge teams, local authority social workers and relatives where appropriate to ensure they had as much information about people's needs as possible.
- People were supported to maintain their nutritional intake. A nutritional plan identified people's support

needs for eating and drinking. People's food and fluid intake were monitored where needed.

- People and their relatives said they liked the food and were able to make choices about what they had to eat. Comments included, "The food is brilliant" and "The food is nice here. I have told the service [relative's name] likes and dislikes. The activities coordinator had them digging up carrot which they cleaned and cooked."

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

- Loxley Court was adapted to meet people's needs, although at the time of our visit the home was undergoing major refurbishment. The provider had closed two out of six units for refurbishment. Areas where refurbishment had already been completed was aesthetically modern and clean. Corridors were wide, airy and well-lit. There was a new outside lift that enabled people living in the home to access to the upper garden area.
- People were supported to personalise their own rooms as they saw fit.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Loxley Court was working within the principles of the MCA. Capacity assessments were completed, and best interest decisions meetings were held for those people who did not have capacity to consent to care and support.
- Where people did not have an appropriate person to be involved in their best interest decisions, referrals had been made through the local authority for an independent mental capacity advocate to be appointed.

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 our last inspection (under the previous provider) we rated this key question good. At this inspection the rating has remained good. 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; respecting equality and diversity

- Staff knew people and their individual needs well. Staff spoke about people with kindness and compassion. One relative said, "Staff are very friendly and pleasant and make you feel welcome." Another relative said, "Up to now staff are excellent, smiling and always have a word for you."
- People's care plans recorded information about their life, including details of family, previous jobs and hobbies. This enabled staff to have a basis for starting conversations and engaging with people. Staff supported people's spiritual or religious requirements, and these were identified during the admission process. In one person's care plan we saw good detail about their religious preferences and the hymns they like to sing.

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

- People, and their relatives, were involved informally in discussing their care and support.
- Residents' meetings and a survey were used to gather feedback from people. These were analysed and steps taken where issues had been raised.
- If required, people were supported to have an advocate to represent them in best interest meetings.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's dignity and they spoke about people with genuine respect. People's relatives told us staff made sure people were always well-presented and their family member's dignity was maintained.
- People's privacy was respected. Staff understood the need for personal information to remain confidential. Any information that needed to be shared with other staff was discussed in private.
- People were encouraged to maintain their independence as much as they were able to.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection (under the previous provider) we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered opportunities to engage in activity some of the time, such as crafts, gardening and shopping trips outside the service.
- The provider employed an activities organiser to work during weekdays, and it was their role to plan events or support staff to facilitate activity with people as group or one to one during periods of downtime. People benefitted from this resource some of the time, but we expect further improvements in this area.
- During the inspection we observed limited activities taking place. We saw two people playing dominoes and some people made use of the garden to sit out in the sun. We also observed periods where people were sat in communal lounges passively watching television or listening to music. Staff told us two events were planned in April 2022, but these did not happen. We spoke to three relatives about the activities provision and their comments included, "I think they do activities. They went to Meadowhall last month", "I'm not sure about activities, nobody has said anything. I'm told [relative] plays cards" and "[Relative's name] used to love to crayon, but I think that has gone now. I think they do activities on some days."
- We fed back our observations to the registered manager who assured us they will continue to seek and act on feedback in relation activities. The registered manager told us about an assessment tool they started using to identify activities in a manner that was most appropriate for the individual, such as, tactile or sensory activity.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans identified people's support needs and provided guidance for staff on how to meet these needs. These were largely appropriate, person centred and regularly reviewed to ensure they reflected people's changing needs.
- Where we identified inconsistencies with the quality or accuracy of people's care records, the registered manager took immediate action to address them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified in their care plans. These were reviewed regularly and any changes in people's communication needs noted.
- The provider was able to supply information about the home in different formats if needed.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, investigate and respond to complaints. Few complaints had been received and these had been all been responded to appropriately.
- Relatives we spoke with said they were confident to raise any concerns they had with the registered manager and that they would be listened to.

End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death.
- The service worked alongside community health professionals when providing care to people at the end of their lives, such as the GP and the palliative care nurses.

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 our last inspection (under the previous provider) we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care;

- Checks were comprehensive and completed regularly by the management team to monitor and improve the quality of the service. We saw clear evidence managers were able to question practice through their audit systems.
- The provider carried out their own checks of the service and held regular governance meetings with the registered manager to ensure they had oversight of the service's performance, allowing them to respond to areas of risk and provision resources where appropriate to help the service continuously improve. For example, we saw the provider had arranged a mock inspection at Loxley Court. This meant potential issues were addressed before we came to inspect.
- There were robust clinical governance systems in place. The registered manager compiled operational reports monthly, which was shared with the provider. This report covered a range of clinical issues, for example, infections, weight loss, skin integrity and falls. In reports we viewed there was clear evidence of analytical approach, to identify steps to prevent or reduce risk to people using the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We observed a pleasant and inclusive atmosphere within the home. Relatives said the registered manager was approachable and supportive. One relative said, "I know [registered manager's name], they are very friendly. I can talk to them." Another relative said, "I speak with [registered manager's name] regularly. I could go to them with problems, but I have no problems. We are very happy."
- Surveys were used to gather feedback about the service. These were analysed and any suggestions or issues investigated.
- The provider's senior leadership team valued staff feedback. The provider started an initiative called 'Tea with the MD'. The registered manager told us the idea was to make the managing director more accessible, approachable and give staff the confidence to share their views or ideas about Loxley Court.

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

- A clear management structure was in place at Loxley Court.
- The registered manager was aware of their legal responsibilities and notified the CQC and local authorities appropriately when required.

- People and their relatives said they were able to raise any concerns they had to the staff and registered manager, who would address their concerns.

Working in partnership with others

- The registered manager had links with the local community and key organisations to the benefit of people living in the home and to help with the development of the service.