

Croftwood Care Ltd

Loxley Hall

Inspection report

Lower Robin Hood Lane
Helsby
Frodsham
Cheshire
WA6 0BW

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12 April 2017

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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 ●

Summary of findings

Overall summary

Loxley Hall is a purpose built care home for people with nursing and residential needs, run by Croftwood Care Limited. It is located in Helsby in Cheshire not far from local amenities. The grounds and gardens are accessible to people who use the service.

At the last inspection in April 2016, the service was rated as Good. At this inspection we found the service remained Good.

The registered provider had systems in place to ensure the safety of the people who used the service. This included arrangements for identifying, reporting and taking action on any allegations of abuse. This was reinforced through training for staff, staff knowledge and reporting processes. People's safety was further enhanced through assessments for individuals identifying risks they faced from the environment or from risks associated with their own health and social needs. The registered provider ensured that a system for the safe management of medication was in place and that the premises were well maintained and hygienic.

The registered provider took the requirement of the Mental Capacity Act 2005 (MCA) and associated safeguards into account. This meant they were working within the law to support and assist people who may lack capacity to make their own decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People who used the service were supported by a staff team who had received the training and had the knowledge of how to best support them. The nutritional needs of people were met. Consideration was made to the dietary needs of people, their personal preferences and ensuring that those who were at risk of choking could eat safely.

Staff interactions were friendly, caring and supportive. People were supported in a patient and respectful manner. Staff ensured that people were treated as individuals and that their privacy and dignity was taken into account through care practice. People were given information about the care and the support they could be provided with.

Care plans provided staff with the information they need to successfully support people in all aspects of their daily lives. Care plans were reviewed and updated when required. An activities programme was in place with regular activities available to people who used the service. People were complimentary about the activities provided for them.

Information was in place in respect of how people could make a complaint. Complaints records were maintained and concerns responded to in a timely manner.

The registered manager used a variety of methods to assess and monitor the quality of service at Loxley Hall. These included regular audits of the service to gain a view of the quality of the care provided. The registered manager always notified CQC of significant incidents within the service as required.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Loxley Hall

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 7 of April 2017 and was unannounced. The inspection was carried out by an inspector from the adult social care team.

Prior to the inspection, we looked at all of the information we held about the service in the way of complaints, compliments and statutory notifications. These are notifications from the service about matters that could affect the running of the service or the care and welfare of people who lived there.

We checked to see if Healthwatch had visited the service. Healthwatch is an independent consumer champion commenting on health and care service in each area of the country. No visit had yet been undertaken at Loxley Hall by Healthwatch.

During the inspection we spoke to five people who used the service and two relatives who were visiting at the time. We also spent time observing the interaction between people and staff as well as the activities that were taking place.

We had the opportunity to speak to four members of staff and this included the management team. We reviewed records relating the overall management of the safety and quality of the service, four records relating to staff recruitment and support and training records. Records regarding complaints and compliments were also reviewed.

We contacted the Local Authority Commissioning team. They had visited the service in December 2016 and had identified improvements needed in supervision and training.

Is the service safe?

Our findings

People told us that they felt safe living at Loxley Hall. They said "Oh yes I definitely feel safe" and "I feel very safe with the staff team". People told us that they always received their medication when they required it and that this was never missed. People told us that the building was always clean and that they were provided with accommodation that was hygienic.

Staff demonstrated a good understanding of how to protect vulnerable people. They were able to describe the potential types of abuse and the action they would take. They were aware of the reporting procedure and were confident that the registered manager would refer any allegations onto the local authority safeguarding team. The service returned details of any low level safeguarding concerns to the local authority each month. Low level concerns are any safeguarding concerns which put a person at risk of harm that does not meet the threshold of significant harm set down by external agencies. The local authority procedure for identifying and reporting abuse was available. Staff confirmed that they had received training in protecting vulnerable adults.

Staff were aware of how to report concerns relating to care practice to other external agencies such as CQC. Notices were placed throughout the building on who staff could report concerns to and how they could be contacted.

The premises were clean and hygienic. Domestic staff were employed by the registered provider and they were on duty during our visit. They were seen attending to areas of the building that required cleaning. Staff were provided with sufficient supplies of personal protective equipment (PPE) such as disposable and gloves and aprons and these were used by staff when cleaning areas. Audits in infection control were ongoing and indicated how infections were being prevented and good cleaning practice carried out. Soap and disposable towels were available in all toilet and bathroom areas as well as guidelines for staff on when to wash hands and how to do this effectively.

Assessments were in place identifying the risks people faced in their daily lives. Assessments covered their susceptibility to falls and how the integrity of their skin could be maintained. Further risks such as risks from potential malnutrition and risks when assisting people to transfer from chairs to wheelchairs and vice versa were also in place.. All risk assessments were up to date and provided clear instructions on how staff could promote people's health and safety. Where people had experienced falls and other accidents, clear records were maintained recording what had happened before the incident, the incident itself and steps to reassure people or seek medical attention. All records enabled analysis of potential patterns of falls and how reoccurrence could be prevented.

All people had an up to date personal evacuation plan (known as a PEEP). These were assessments on how people could be safely evacuated from the building in the event of an emergency, such as a fire. Information in PEEPS gave a clear indication of the physical needs of people and how staff needed to take people's needs into account. Reference was also made to the level of understanding people would have if they were evacuated quickly. This made reference to their capacity to understand the situation as well as any

limitations they had with eyesight or hearing.

A maintenance member of staff was employed by the registered provider. This person undertook checks to ensure that the premises were safe for people to live in. Fire systems were checked on a regular basis and audits undertaken to ensure that this remained safe. This included fire drills, the servicing of fire fighting equipment and testing to fire alarms. During our visit, fire doors which required to be closed were secure, fire exits were clear of obstructions and fire procedures were on display throughout the building.

Checks on lifting equipment such as portable and fixed hoists had been undertaken within the required servicing guidelines of every six months. Records were in place in respect of the testing of water temperatures and temperatures provided throughout the building as well as legionella tests. Portable electrical appliance had also been checked for their safety.

Recruitment files indicated that the registered provider sought to ensure that people who used the service were only supported by people who were suitable to perform the role. Files indicated that new staff received a Disclosure and Barring Service check (known as a DBS). A DBS is a check made by registered providers to see if people had been convicted of offences which would affect their suitability to work there. References in place as well as information confirming the identity of the individual. Interview notes were in place enabling the registered provider to make a judgment on the skills, values and experience of potential candidates. All recruitment files were audited to ensure that all appropriate documentation had been received.

No one managed their own medication. Risk assessments had been completed for each person to determine whether it was safe for them to manage their own medication as well as to record their preferences. Medication was stored in a portable trolley which was used to transport medication through the building during medication rounds. When not in use, the trolley was stored in a locked medication room.

Some people had been prescribed controlled medication. These are prescription medicines which are controlled under the Misuse of Drugs Act 1971. These were separately stored within the main medication cabinet. A register of when this medication was administered was kept. We checked stocks of medication against the register and found that these tallied. The registered nurse demonstrated a good understanding of what medication was legally assessed as being controlled.

Medication records were appropriately signed. These contained details of medication that had been received and by whom. Records included a photograph of each person, a summary of their main needs and any allergies that they had. Records were available for the administration of creams. These records were kept in people's rooms so that they could be completed once creams had been applied. These were part of an on-going record of any personal care that had been given to each individual every day. Records of disposed medicines were kept and medication relating to people who had recently died was retained.

We observed part of the medication round. The portable trolley was manoeuvred through the building and was locked and secure when unattended. The nurse went to each person individually and explained that their medication was available and what the medication was for. Some medication was offered when required. This is known as PRN medication. Protocols were in place for when PRN medication should be offered. The registered provider had been given the authority by the Doctor to administer homely medications when needed.

Is the service effective?

Our findings

People told us that they were happy with the food provided. The food was reported to be of good quality, sufficient quantity and that people could choose meals that they liked. People were happy with the knowledge of the staff team and considered that they had the skills to support people effectively.

Staff told us that they had received training. This had included health and safety topics as well as further training in safeguarding adults and the Mental Capacity Act. The registered provider had changed the method by which staff received training. This meant that most staff were expected to complete training online. The registered manager and the registered provider had recognised that there had been a delay in ensuring that all staff had completed training. A training matrix was available and the registered manager was making it a priority to ensure that training was completed as soon as possible. A representative of the registered provider visited the service on a monthly basis to comment on the quality of care within Loxley Hall. The last two reports had highlighted the need to catch up with training as a priority and this was now being completed.

Staff confirmed that they received supervision. Again it had been acknowledged that some supervisions had slipped yet the registered manager was able to demonstrate that staff were now receiving supervision and that this was again a priority for them. Supervision records included an appraisal of the work undertaken by staff with positive comments and areas of development recorded. Where needed, the performance of staff was addressed through supervision when improvements in their work were needed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Arrangements were in place to ensure that the registered provider was compliant with the Mental Capacity Act. Staff confirmed they had received training in this and were able to give a summary of how capacity should be taken into account and how the best interests of people could be determined in their support. There was evidence that when applicable, authorisations seeking restrictions on people in their own best interests had been sought from the local authority and all authorisations were in date. A mental capacity assessment was completed on all people enabling the service to identify those who could make decisions for themselves.

People told us that their consent was always asked for by the staff team. This was done verbally. Consent from gained from people verbally once staff had asked them. Further consent was in place in respect of taking photographs of people for identification purposes or them confirming in writing their consent to the contents of care plans.

Menus were on display within the dining room. These were either in writing or in symbolic form to best assist people to know what meals were on offer. Menus included reference to what meals were available during each mealtime as well as alternatives that could be provided if needed.

The kitchen was a large and well equipped facility. Catering staff were employed by the registered provider. Steps were in place to ensure that visitors to the kitchen wore protective clothing to promote food hygiene. The service had been rated by the Local Authority as having five stars in relation to food hygiene. This was the highest rating that could be attained. The cook confirmed that they had all the cooking equipment they needed and that all equipment was working well.

Drinks were provided throughout the day. A choice of hot and cold drinks were on offer. Lunch was a relaxed and unhurried occasion. Most people preferred to have their meal with the dining room while some people had meals in their own room. Staff assisted people to their seats in the dining room offering them a choice as to where they wished to sit. People were provided with the opportunity to choose what meals they wanted and when served, staff enquired whether the quality of the meal was good and whether people needed extra things such as condiments.

Most people were able to eat independently. We noted that four people required support to eat. Others were asked if they wanted their meals to be cut up and this was done with their agreement. People who were assisted to eat were supported by staff in an appropriate manner. Staff sat at their level and told people what the meal was and what item of food they wanted to have next. Staff maintained interactions with people during this time and were able to elicit from people when they had had enough to eat. Three people had been prescribed thickeners to be included in their drinks. Information was discreetly available close to drink making facilities for staff to refer to in respect of the consistency of thickener for each person. In addition to this, there was information on a notice board close by for staff to refer to in respect of the stages of consistency that was needed.

All people had their susceptibility to malnutrition assessed. Where people were at greater risk, steps were in place to ensure that further deterioration could be avoided. People were weighed more frequently if needed and close monitoring of their body mass index (BMI) recorded. A nutritional audit was in place outlining what action had been made to prevent malnutrition. This included the provision of high calorie supplements to drinks or a referral to the dietician.

Is the service caring?

Our findings

People told us that the staff team were "Very caring" and "Very attentive to everyone's needs". They told us they felt that staff respected their privacy and their wishes. They felt that staff treated them in a respectful manner. One relative was very complimentary about the approach used by staff and felt that staff were caring not just towards people who used the service but always any visitors they received. They considered that the staff team had sought to reassure people who were new to the home and to reassure relatives as well.

Staff interactions with people were kind, friendly and respectful. People were spoken with in a dignified manner with the focus of the work by all staff being the comfort of the person or assisting in making choices and decisions in their daily lives. Information was available to people about various aspects of the service such as activities on offer or food provided. This information was reinforced to people on an individual basis with staff telling people what was going on within the service and how staff were to support people individually.

People had their independence promoted. People were able to move independently throughout the building either unaided or with the use of mobility aids. People either had access to Zimmer frames or to motorised wheelchairs. In the latter cases, the design of the building was such that people were able to use these aids and mobilise freely throughout the building. Where people had skills to eat independently, this was encouraged by staff. Staff asked people whether they needed any assistance, for example, with cutting up food. Staff only intervened once people had agreed to this.

People's privacy was promoted in a number of ways. Some people preferred their bedroom doors to be open. Fire door guards were installed to ensure the safety of people in the event of a fire and written agreements were in place to confirm that they preferred to keep their bedroom door open. Care practice was such that people received assistance with personal care with their bedroom door closed. Staff were witnessed knocking on people's bedroom doors before entering. Staff were able to give us practical examples of how they maintained privacy. This included practical considerations while supporting people with personal care, for example, closing doors and curtains.

People's bedrooms included personal items or furniture that had sentimental value to them. Many photographs and pictures were on display in people's room of their families and friends. This enabled people to 'stamp their identity' on their personal living space and feel more at home.

Is the service responsive?

Our findings

People told us about the activities on offer. They were complimentary about the staff who organised all the activities. They told us "Activity staff are great and so good" and "There is always something to do". People told us that staff attended to all their needs and that they were happy with the service provided to them. They told us they had not had to complain about anything within Loxley Hall.

Assessment information was available for each person. This included assessments conducted by the registered provider and any information from Local Authorities who were funding people's care. These included all the key aspects of people's needs and covered all aspects of their daily lives. An emphasis was placed on the aspirations of individuals and how they wanted to be supported. Assessment information was then transferred into a plan of care.

Care plans were available for all people who lived at Loxley Hall. The service offered respite breaks to people for a short time. One person had been very recently admitted for respite. Key information had been included within the care plan in order to keep the person safe and to promote their main needs until they were ready to return home. All care plans provided a detailed account of people's main needs reflected their individual needs. Care plans had been devised to promote the human and civil rights of people offering support required in ensuring that privacy and dignity was maintained. Personal mail was opened only by the person and arrangements for supporting people with their financial interests were in place. Care plans provided an account of how to best support people in their daily lives such as the provision of personal care, eating and maintaining optimal health. All care plans were supported by daily records which provided an account of progress made by each person. These were detailed and gave a full account of each person's day.

Care plans were reviewed on a monthly basis. These reviews gave a detailed account of whether there had been any progress or deterioration of each person. Where deterioration had occurred, care plans were re-written and amended to ensure that appropriate action could be taken by staff. For example, where people had developed chest infection, steps were in place within care plans to address this so that people could be supported properly. Care plan reviews included a monthly summary of the scores relating to risk assessments in relation to skin integrity, nutrition and falls. Dependency levels were also reviewed on a monthly basis.

As part of care plans, there was an indication of the social history of people. This recognised the fact that people had past interests and occupations that remained part of their lives today and summaries of people's backgrounds were available.

Activities available were on display throughout the building. These included photographs and colourful displays of what activities were available throughout the month of April. Evidence was available of events that were occurring such as a Grand National sweepstake. This had been a particular favourite activity of those we spoke with. Other recent key dates in the calendar had been recognised such as Mother's Day and Easter. On the day of our visit, people had been doing crosswords in the main lounge. People had also been having their hair styled by the hairdresser who was present during the day.

A complaints procedure was available and this was on display throughout the building. The procedure indicated the response people could expect from the registered provider in relation to any concerns raised as well as reference to timescales involved. A complaints log was maintained indicating the nature of the concern and actions and responses made. No complaints had been received since our last visit by the service and our records indicated that no complaints had been reported to us.

The service had received compliments about the quality of support it provided. Cards and letters had been received praising the staff and the service for its standard of care. These were on display for people to refer to. Our records found that one compliment about the standard of care had been received by us since our last visit.

Is the service well-led?

Our findings

People who used the service and their families were happy with the way the service was run. They considered that the registered manager was visible to them and that the service was well run. They confirmed that they had their views listened to and taken into account on a daily basis.

Staff told us that they considered the registered manager to be supportive and approachable. They told us that if they had suggestions, they felt confident in bringing these to the attention of the registered manager and felt that they listened to any suggestions and acted upon them. They considered that they were part of a service that was well run and organised.

The service had a registered manager. This person had been employed at Loxley Hall in this capacity for a number of years and had the experience and skills to manage the service effectively. Discussions with the registered manager and the deputy manager demonstrated that they were aware of the responsibilities they had as a service registered with CQC and were aware of the regulations and the inspection process applied to the service.

The service had been rated as good following our last visit. It is a legal requirement for registered providers to display their current rating. This visit found that the registered provider was complying with this. Ratings were on display in the building and on the provider's website.

All registered providers were required to notify CQC of significant events in the home which adversely affect the wellbeing of people who used the service. Our records showed that the registered provider always informed us of any significant incidents.

The registered manager carried out a number of audits in order to assess the quality of care provided. Questionnaires had been sent out to people who were connected with the care provided such as people who lived there and their families in order to gain their views. The results of this were made available to people and indicated that there had been satisfaction about the standard of support provided.

Audits were in place in respect of care plans and medication, where issues were identified; there was a plan of action to address any shortcomings. Further audits were carried out in respect of health and safety and infection control. An analysis of accidents and incidents was also carried out to ensure that patterns could be identified to prevent future re-occurrence.

A representative of the registered provider carried out a visit to the service on a monthly basis. This visit involved an assessment of the care provided and associated issues such as staff training and supervision. A report was made available and the service was rated as to its general performance. The report had identified that action had been needed in respect of supervision and training. An action plan had been produced to ensure that progress in these areas was carried out.