Croftwood Care UK Limited

Loxley Hall

Inspection report

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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

This inspection took place on 18 and 19 December 2018 and was unannounced on the first day. Loxley Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is registered to provide personal care and nursing care for up to 40 people, however the registered manager told us that the maximum number of people who would be accommodated was 36, and 33 people were living at the home when we visited. This was the first inspection of the home since a change of registration in October 2017.

The home 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. 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. A new manager was registered in May 2018.

We found there were enough staff to meet people's support needs. Staff were recruited safely. Training was provided to ensure staff had the knowledge and skills to work safely and effectively. Staff were supported in their role through individual supervisions.

People told us they felt safe in the home and that they had no concerns regarding their care. They told us the staff were kind and caring and protected their dignity and privacy. The premises were clean and adequately maintained and a programme of refurbishment was underway. People's medicines were managed safely.

Applications to deprive people of their liberty had been made appropriately. Records showed that consent was sought in line with the principles of the Mental Capacity Act 2005.

People were satisfied with their meals and with the choice of food available.

A range of social activities was provided to keep people stimulated and occupied.

Both the home manager and the area manager completed regular quality monitoring audits which identified any areas needing improvement. The management team had ideas and plans to further develop the service.

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 was safe.

There were enough staff to meet people's support needs,

People's medicines were stored and handled safely.

Maintenance records showed that regular checks of services and equipment were carried out internally, and testing, servicing and maintenance of utilities and equipment was carried out as required by external contractors.

Is the service effective?

Good

The service was effective.

People's individual dietary needs and choices were catered for.

The home complied with the requirements of the Mental Capacity Act.

Staff received regular training and supervision to ensure they knew how to work safely and effectively.

Is the service caring?

Good

The service was caring.

We observed that staff protected people's dignity and individuality and treated people with kindness and respect.

People's relatives were made welcome when they visited and were involved in their care.

People's personal information was kept securely to protect their confidentiality.

Is the service responsive?

Good

The service was responsive.

The care files contained assessments and plans that were kept

up to date.

A range of social activities was provided to keep people stimulated and occupied.

The home's complaints procedure was displayed and complaints had been addressed appropriately.

Is the service well-led?

Good

The service was well led.

The home had a manager who was registered with CQC.

People were given opportunities to express their views and their suggestions were acted on.

The manager completed a series of quality audits which were accompanied by action plans for improvement as needed.

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 18 and 19 December 2018 and was unannounced on the first day. The inspection team consisted of an adult social care 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.

Prior to the inspection, we looked at the information we held about the service including complaints, compliments and statutory notifications. We contacted the local authority's commissioning officer to ask if they had any concerns about the service. We looked at the 'Provider Information Return' (PIR) that the manager had submitted on 1 November 2018. A PIR is a form we ask providers to submit annually detailing what the service does well and what improvements they plan to make. The home had been visited by Healthwatch in August 2018 and we looked at their report. Healthwatch is an independent consumer champion commenting on health and care service in each area of the country.

During the inspection we spoke to five people who used the service and three 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 spoke with nine members of staff who held different roles in the staff team. We reviewed records relating to the safety and quality of the service, staff recruitment, training and support, and complaints.

Good

Is the service safe?

Our findings

People living at the home told us "I'm very safe and comfortable here."; "Whilst I don't have a key to my room, I'm ok with that as nothing has ever gone missing."

We walked all around the premises and saw that the environment was clean and adequately maintained. The home's maintenance person kept records of regular checks and tests they carried out. The checks included water temperatures, profiling beds, emergency lighting and fire safety equipment. Contracts were in place to check the gas, electrics, nurse call system, lifting equipment, passenger lift, water safety and fire safety equipment. The certificates for these checks were all in date.

The kitchen had a five star food hygiene rating. Staff were provided with disposable gloves and aprons, and liquid soap and disposable towels were available in toilets and bathrooms as well as guidelines for staff on hand-washing.

A fire risk assessment had been carried out in 2018 and the improvement actions identified had been addressed. Regular fire drills were held and we saw records of fire training for new starters. A detailed personal emergency evacuation plan was in place for each of the people living at the home and there was an evacuation plan. During our visit, fire doors which required to be closed were secure, fire exits were clear of obstructions and fire procedure notices were on display throughout the building.

Senior staff completed risk assessments to assess and monitor people's health and safety. Risk assessments covered areas including falls, nutrition, and skin integrity. The assessments were reviewed regularly and appropriate measures put in place based on the outcomes, for example use of sensor mats. We saw good reporting and recording of accidents and incidents, with a monthly summary completed by the home manager. Monthly reviews identified any themes or trends with the aim of reducing the risk of recurrence.

In the PIR, the manager told us how the service had learned from an incident that occurred in December 2017 and put systems in place to ensure people are protected: "We have changed the systems in place with regards to accidents and incidents, this is now a much more robust system including a 72 hour post fall observation, care plans and risk assessments are now updated within 24 hours of an accident; these are detailed on a falls log and updated onto our portal for senior managers to oversee and monitor outcomes."

During the inspection we observed staff moving and transferring people using a hoist. We saw that this was done in a safe, gentle and kind manner.

Staff received regular training about safeguarding and how to raise any concerns. A policy was in place to guide staff on actions to take in the event of safeguarding concerns. The manager had made appropriate safeguarding referrals to the local authority and notifications to CQC. Notices were placed throughout the building to inform staff who they could report concerns to and how they could be contacted.

The provider implemented a dependency tool to ensure there were enough staff at all times. This was

reviewed monthly and when a new admission occurred. During the inspection we observed that there were enough staff on duty to ensure that people did not have to wait a long time for attention. There was always a registered nurse on duty and a senior care assistant working on each floor. There were enough housekeeping staff to cover cleaning, laundry and kitchen duties. Some night shifts were covered by agency staff. The manager did not have any written information available about the agency staff but said she would ask the agency to provide this.

We looked at personnel files for four new members of staff. The records we checked showed that safe recruitment procedures had been followed before any new staff started working at the home including a completed application form, Disclosure and Barring Service check, and at least two references. However, we noticed that two of the references in people's files were not verified, for example with a compliments slip or company stamp. The registered manager said she would follow this up.

We asked people about their medicines and they told us they always received them on time. One person said "They give you the meds will stand and have a quick chat with you to ensure you have taken them. That's good isn't it?"

There was a cupboard for the storage of medication in each bedroom, however nobody was looking after their own medicines at the time we visited. The medicines storage room was very small but the clinical lead nurse had it well organised. They monitored the temperature of the room regularly because it could get too warm at times and action had to be taken, for example use of a fan. Appropriate storage was provided for controlled drugs, and the required records were maintained.

Records included a photograph of each person, a summary of their main needs and any allergies that they had. The records indicated that people always received their medication as prescribed. Detailed administration protocols were in place for medication prescribed to be given 'when required' (PRN) to help ensure people received their medicines in a consistent way when they needed them. We noticed that the nurses did not record the exact time when PRN medication was given. This meant that it was not possible to verify that there was the required length of time between doses, for example a period of four hours for Paracetamol and other analgesics. The clinical lead nurse said they would ensure this was done in future.

Good

Is the service effective?

Our findings

We asked people about the food provided at the home. A relative said that the cook now has food moulds for pureed food so that it looks more attractive and the ingredients can be clearly seen. They said "It feels that they are trying to be as inclusive as they possibly can be." They also told us "We are very lucky with the carers we have here. The carers are very well trained and quite skilled as we are all different."

The expert by experience had lunch with some of the people living at the home and reported "The dining experience was very good with juice available, napkins, condiments available, I didn't witness any of the residents using adapted cutlery nor plate guards, however it didn't necessarily look like any of them were struggling. Aprons were worn by carers serving the food. It was hot and very tasty, with suitable portion sizes." A relative commented "Mum appears to enjoy the food here there hasn't been any complaints from her about it."

People were weighed monthly, or weekly if concerns were identified, and care files included risk assessments in relation to nutrition. We saw that, when people were assessed as being at risk of malnutrition, referrals were made to a dietician or speech and language therapist as appropriate for advice. Care plans were put in place to address the risk and care staff kept detailed records of the person's food and fluid intake. In the PIR, the manager told us "We will also look at ways to fortify the oral intake using things such as full fat creams, cheese and skimmed milk powder to try to increase the calorific and protein intake of the meals."

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

The home does not provide specialist care for people living with dementia, however some of the people living there had memory loss and/or cognitive impairment. There were security locks on entrance doors but no restrictions on people's movements within the premises.

In the PIR, the manager told us "Residents are always asked what they would like to do and their choices are always encouraged and promoted by our staff. Consent is always gained prior to any moving and handling, administration of medications and when choosing what treatments they wish to consent to".

The manager maintained a record of DoLS applied for, when they were authorised, and when they were due to expire, however mental capacity assessments were not always clear in people's care files and the

management team said they would look at improving this.

One of the people we spoke with said "The carers are very well trained and quite skilled as we are all different." The provider had a programme of training to ensure staff had the knowledge and skills required to meet people's needs and keep them safe. Records showed that training was provided in areas including moving and handling, infection control, health and safety, safeguarding, mental capacity, person centred care, fire safety and food safety, and was updated regularly.

In the PIR, the manager told us "Recently we have begun to complete service specific training with care staff which covers areas such as React to Red, diabetes, diet and nutrition, stroke awareness, slips, trips and falls, end of life and care planning. We also have staff members who have completed or who are completing distance learning courses in person centred care planning, the principles of dementia, safe handling of medications and mental health."

A number of experienced senior care staff were training to qualify as a care home assistant practitioner (CHAP). We spoke with one of them who told us there were six modules to work through and she was currently doing medication. People we spoke with felt the carers had the skills and knowledge to undertake their roles, and one relative stated "Both Dad and I are so pleased with the standard of care, from the cleaners to the laundry, to the carers and management team, everyone is great."

We saw that staff supervisions had lapsed at the beginning of 2018 in the absence due to illness of the previous manager. Records showed that these had started again in October and the manager told us they would now be done quarterly.

The care files we looked at showed that people living at the home were supported by health professionals including district nurses, GPs, optician, dietician, speech and language therapist and wound care specialist nurse. The Health Centre was adjacent to the home and the manager told us they received an excellent service including a regular weekly GP visit.

When we walked around the building we could see that some areas had been refurbished, whilst other parts of the environment looked 'tired' and dated. In the PIR, the manager told us "We have begun to improve the decor and appearance of the home since June 2018. We have improved and refurbished the offices and the entrance hall, the hair salon, and have commenced refurbishment of the upstairs corridors. This makes the home a much nicer place to live for our residents. We have had new lighting installed in the upstairs corridors which has drastically lightened the feeling on the first floor of the home. Through planned decoration and replacement of carpeting with wood look flooring we hope that within the next twelve months the home will be rejuvenated."

Good

Is the service caring?

Our findings

The expert by experience commented "My visit was pleasant and welcoming, all of the people I spoke with in the main had nothing but praise for the home and they were willing and keen to speak with me and provide a lot of praise and positive feedback."

People told us "They are very caring all of the staff, they know how to look after each resident according to their needs and they are very patient which is encouraging isn't it?" and "My dad has been invited to the Christmas lunch so he can spend this time with his wife, my mum, which I thought was very thoughtful of them."

The care files included information about people's life stories and information about what was important to each individual. This helped staff to get to know people and provide support based on their preferences.

People were able to move independently throughout the building with the use of mobility aids if needed. People had access to various mobility aids including motorised wheelchairs. People's bedrooms included personal items or furniture that had sentimental value to them. Many photographs and pictures were on display in people's rooms. Each person's bedroom was clearly identified with their name and a picture.

Relatives and friends were able to visit in the public areas or in people's rooms. The staff encouraged and enabled people to maintain relationships and friendships they had before going to live at the home. One person told us "I like the fact I have a telephone in my room this allows me to phone my friends." In the PIR the manager told us "We have one resident who always met with friends on a Wednesday evening and this has continued following admission and they spend time in the person's bedroom laughing and joking. This is very special to the resident and their family."

The visitors we spoke with said they could visit at any time and were always made welcome by the staff. We saw a number of recent 'thank you' cards from families around the home.

The inspection took place the week before Christmas and we saw lots of visiting groups including singers and members of the clergy. A member of one of these groups told us "There is nowhere I would like to end up in more than this." They said they visited a lot of care homes and particularly praised the efforts made by the staff at Loxley Hall to transfer people from wheelchairs into more comfortable seating, also the lack of any unpleasant smells.

People we saw and spoke with appeared to be well looked after. They were well dressed in clean clothes with suitable footwear.

We saw that personal information about the people living at the home was kept securely in the office which protected the confidentiality of the information. An attractive brochure was available but it was presented in small print. The service user guide was detailed and clearly written to describe the services available at the home.

Good

Is the service responsive?

Our findings

All of the staff we spoke with had good knowledge of the people they supported. The care files we looked at provided person centred information regarding the care and support people required. The assessments and plans were reviewed monthly and updated as required. The care staff we spoke with showed us the charts they kept to record the care and support they had given to people who had been identified as being at risk. This included support with repositioning and food and drink intake.

In the PIR, the manager reported "We have introduced a care plan information sheet which enables us to gain personal preferences from the time of admission. This form asks questions such as dietary and fluid preferences, does the resident like to have their door open or closed, do they wish to have a night light on. This gives us the opportunity to find out people's smaller preferences on admission and also to begin the culture of developing a care plan with the resident at the centre of decisions."

A nurse we spoke with told us that the home's two senior nurses had completed the 'Six Steps' training which promotes excellence in end of life care. They gave an example of when they had been able to support a relative with a difficult decision regarding end of life care. We saw that anticipatory medication was kept at the home so that people approaching the end of their life could be comfortable and pain-free without any delay.
A thank you letter from a relative praised the home's staff for "the exceptional level of care you gave him during the final six months of his life"; and another relative had written "Whilst in Loxley she experienced wonderful care. The staff, whether providing physical care, social activities, medical care are absolutely amazing. She was so loved and cared for, as were her family, particularly in her last days."

The home had two activities organisers and we were able to speak with one of them. He was very passionate about the work he undertook and this was clearly demonstrated in the activities we witnessed on the day. We also observed him talking to the people in a manner that was joyful and light-hearted. We saw evidence of a good range of social activities including dominoes, Bingo, quizzes, large projected crosswords, flower arranging, table top bowls, ladder golf, painting, knit and natter group, reminiscence, singalongs, armchair keep fit, choir groups, Mass, and children from the primary and high schools visiting. We also noticed a small group of people playing dominoes after the activities organiser had left.

We asked people if they knew who to speak to about a complaint and they said they did. One person said "I would see the ladies in the office." The home's complaints procedure displayed. It informed people how to make a complaint and how their complaint would be dealt with. We noticed that it did not give any names for people in the organisation who could be contacted with any complaints or concerns. The home manager and the area manager said that these would be added.

We saw good records of three complaints that had been dealt with in 2018. The records showed that the issues had been addressed appropriately. CQC has not received any complaints or concerns about the home in 2018.

We checked whether the service was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support that they need.

We saw information in people's care files regarding the support they needed with communication and use of aids such as glasses and hearing aids. In the PIR, the manager gave us two examples of how people have been supported with communication "We have a client who has great difficulty in communicating due to their diagnosis. We have liaised with speech and language who have now provided the person with enhanced communication software so as she can communicate her needs to staff. This has greatly improved the client's quality of life. She is also able to control some elements of her environment such as lights and television to improve her sense of independence and emotional well-being.

Also "We recently had a lady admitted who is registered blind. Prior to her admission on handover day staff were made aware of her admission and of her visual impairment. Staff were reminded that they should make their presence known to the lady ensuring that she had heard them approach the bedroom. Staff were also reminded to ensure that the lady was made aware of where her meals and drinks were placed and to consider the use of a plate guard if she wished to have this as this would enable her to maintain her independence with eating and drinking."

Good

Is the service well-led?

Our findings

People we spoke with considered that the home was well run. One person said "They are a fantastic team." and another told us her daughter came to look at the home and said "Oh mum it really is nice, much better than all the others we have been looking at." The person's comment was "To be honest she was never wrong with that one." A relative said "The home and the care which is provided is great, however the rooms look a little dull and tired and need a spruce up." The home had been visited by Healthwatch in August 2018 and received a very positive report.

The service had a registered manager. The manager had worked at the home for 18 years and had previously been deputy manager. She was registered with CQC in May 2018. The manager was not a registered nurse and there was an appointed clinical lead nurse, who had also worked at the home for many years. They were also supported by a home services manager whose role was mainly administrative.

We spoke with a nurse who had worked at the home for a long time. They told us "It's a lovely place to work." They spoke highly of the manager and felt it was not a problem that she was not a qualified nurse. They told us the home had experienced a difficult couple of years but they were feeling optimistic about the future.

We spoke with another nurse who had only recently joined the team. They told us "I love it; the manager is knowledgeable and supportive." They had already made some suggestions that had been listened to and implemented, and this made them feel valued.

We were also able to speak with two nursing students who had placements at Loxley Hall. They said "I was amazed how well they know people. Everyone is so approachable." and "I loved it, the staff were really welcoming and I learned a lot."

One of the people we spoke with explained that they were Chair of the Residents Association. They told us they had regular meetings and gave feedback from people living at the home and their relatives. They told us "They are good the management team. They do respond quickly to the requests, dependent of course on what it is. Things like the food moulds were introduced from these meetings and entertainment is talked about too."

In the PIR, the manager gave us more information about the meetings "We recently held a residents meeting in which smaller footstools were requested for the lounge, these have since been ordered and received. We have a suggestions board for people to make suggestions on and this can be completed by relatives and residents and has been placed to ensure that residents who require a wheelchair can add their suggestions also."

A customer satisfaction survey had been carried out at the beginning of 2018 and showed mainly positive returns, however we were unable to see any comments that had been made or any action plan. The manager told us that a staff survey just been done but the results were not yet available.

In the PIR, the manager told us of her plans to take the service forward "More regular meetings for both staff and residents will give a better forum to discuss issues within the home and should enable us to develop better working relationships within the teams. Since the changes that have occurred within the home over the previous twelve months, staff are more forthcoming with ideas to improve the quality of the service that we provide to our residents and this is actively encouraged and has helped us to improve services and safety for residents."

The registered manager carried out a number of regular audits to monitor the quality of the service provided. These were mostly done monthly and included medication, infection control, and staff files. A monthly quality data return was made to the local authority and the local authority officer we contacted told us they had found improvements at the home. The provider's area manager and regional manager also visited the home periodically and conducted a series of quality audits, with action plans for improvement where needed.

Registered providers are 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 had informed us of any significant incidents.