Mr George Dixon & Mrs Angela Dixon & Mrs Susan Ellis

Loxley Chase Care Home

Inspection report

3a & 5 The Crescent
Linthorpe
Middlesbrough
Cleveland
TS5 6SD

Tel: 01642818921

Date of inspection visit:
10 January 2018

Date of publication:
08 February 2018

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 10 January 2018 and was unannounced. This meant the provider and staff did not know we would be visiting.

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

Loxley Chase Care Home 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. At the time of our inspection 30 people were using the service.

There was a registered manager in place. 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. The registered manager was also one of the owners and registered providers of the service.

People and their relatives told us staff kept them safe. Risks to people were assessed and plans put in place to reduce the chances of them occurring. Plans were in place to provide a continuity of care in emergency situations that disrupted the service. The provider had infection control policies in place. Medicines were managed safely. People were safeguarded from abuse. The provider and registered manager monitored staffing levels to ensure there were enough staff to support people safely. The provider's recruitment process reduced the risk of unsuitable staff being employed.

People and their relatives told us staff had the knowledge and skills needed to provide effective care. Staff were supported with regular training, supervisions and appraisals. 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. People were supported to maintain a healthy diet and to access external professionals to monitor and promote their health. The premises were adapted to meet the needs of people living there.

People and their relatives described staff as kind and caring and spoke positively about the support they provided. We saw numerous examples of kind and caring support being delivered during our inspection. Staff treated people with dignity and respect and promoted people's independence. Care plans contained personalised information to ensure people's needs were met in a way which reflected their individuality and identity. Policies and procedures were in place to arrange advocacy services where needed.

People and their relatives said staff provided personalised care that responded to people's preferences and needs. Care was planned and delivered on the basis of people's assessed needs and preferences. Policies

and procedures were in place to support people being discharged from the service. People were supported to access activities they enjoyed. Policies and procedures were in place to support people with end of life care. The provider had a complaints policy, and people and their relatives said they were aware of it and knew how to raise any issues they had.

Staff spoke positively about the culture and values of the service and said they were supported by the provider and registered manager. People and their relatives spoke positively about the management of the service. Feedback was sought from people and their relatives through an annual survey and at regular meetings. Regular staff meetings took place, and staff said they found these supportive. The registered manager and provider carried out a number of quality assurance checks to monitor and improve standards at the service. The provider was working on a number of projects to enhance the wellbeing and quality of life of people living at the service. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Loxley Chase 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.

This inspection took place on 10 January 2018 and was unannounced. This meant the provider and staff did not know we would be visiting.

The inspection team consisted of one adult social care inspectors, a specialist advisor nurse 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.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Loxley Chase Care Home.

During the inspection we spoke with four people who used the service and nine relatives of people using the service.

We looked at five care plans, three medicine administration records (MARs) and handover sheets. We spoke with nine members of staff, including the registered provider, registered manager, three care staff, two activities co-ordinators and the cook. We looked at three staff files, which included recruitment and training records.

Good

Is the service safe?

Our findings

People and their relatives told us staff kept them safe. One person said, "I feel very safe. That's one of the first things I said about this place, I feel safe here." Another person told us, "I like living here. I've made friends and I feel safe here. I wasn't safe at home."

Risks to people were assessed and plans put in place to reduce the chances of them occurring. Before people started using the service an admission assessment was carried out covering areas such as mobility and nutrition. Where risks were identified steps were taken to help keep people safe. For example, mobility aids had been arranged for one person who was at risk of falling. Assessments were regularly reviewed to ensure they reflected current levels of risk. Regular checks of equipment and the premises were carried out to ensure they were safe to use, and required maintenance and test certificates were in place. Accidents and incidents were monitored to see if lessons could be learned to help keep people safe.

Plans were in place to provide a continuity of care in emergency situations that disrupted the service. Fire risk assessments were in place and regular fire drills carried out. Each person using the service had a personal emergency evacuation plan (PEEP) with guidance on evacuating people safely in an emergency.

The provider had infection control policies in place and an infection control 'champion' who shared guidance and best practice with staff. Throughout the inspection we saw staff washing their hands before and after supporting people and using appropriate personal protective equipment (PPE). Monthly observations of staff infection control practice were carried out by the registered manager or provider. Communal and bathroom areas were clean and tidy, with notices reminding staff and visiting professionals about the importance of hand hygiene.

Medicines were managed safely. People receiving support with medicines had a medicine administration record (MAR) in place. A MAR is a document showing the medicines a person has been prescribed and a record of when they have been administered. MARs we reviewed had been correctly completed without gaps or errors. Protocols were in place for the management of 'as and when required' (PRN) medicines. One person received their medicines covertly. Covert medicines are given in disguised form, usually in food or drink. As a result, the person is unknowingly taking the medicine. This had been appropriately authorised by the person's GP and was regularly reviewed at multi-disciplinary meetings involving their relatives. Prescribed controlled drugs were securely stored and monitored. Controlled drugs are medicines that are liable to misuse. Regular stock checks of medicines were carried out to ensure people had access to them when needed. Medicines were safely and securely stored. One person we spoke with said, "I get my medication at the right time."

People were safeguarded from abuse. Staff received safeguarding training and had access to the provider's safeguarding policy. This set out how staff could report any concerns they had. Records showed that where matters had been raised they had been investigated and reported appropriately. Staff we spoke with said they would be confident to report any concerns they had.

The provider and registered manager monitored staffing levels to ensure there were enough staff to support people safely. Staffing levels were based on the assessed level of support people needed. People and staff said there were enough staff at the service, and we observed that call alarms were answered quickly and people were not delayed in receiving support.

The provider's recruitment process reduced the risk of unsuitable staff being employed. Applicants were required to provide details of their employment history, proof of identity and written references. Disclosure and Barring Service (DBS) checks were also completed before staff were employed. A DBS check allows employers to check whether the applicant has any past convictions or matters recorded that may prevent them from working with people.

Good

Is the service effective?

Our findings

People and their relatives told us staff had the knowledge and skills needed to provide effective care. One relative told us, "Staff are well trained here." Another relative told us about one person's support needs that arose out of their medical conditions and said, "The staff are well trained."

Staff received mandatory training in a number of areas, including moving and handling, fire safety, infection control, health and safety and first aid. Mandatory training is the training and updates the registered provider deems necessary to support people safely. Additional training was provided in areas specific to the support needs of people using the service, such as dementia care, managing conflict and behaviours that can challenge and food hygiene. Newly recruited staff completed Care Certificate training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The provider and registered manager monitored and planned training across three training charts. These showed that training took place regularly and we saw training certificates in staff files. However, for some training the dates it had last been carried out were not accurately recorded on the training charts. We spoke with the provider about this, who said they would review how training was recorded. The provider had appointed staff 'champions' in a number of areas, including health and safety, nutrition and respect and dignity. These champions helped to share the latest best practice with their colleagues. Staff spoke positively about training at the service. One member of staff said, "There is always training on offer."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of these meetings showed staff were encouraged to raise any support needs they had, and staff spoke positively about them. One member of staff told us, "We get a lot of training and supervision and are supported to develop our skills and knowledge."

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection 13 people were subject to DoLS authorisations, and these were clearly recorded and monitored. Where people lacked capacity to make decisions their care plans contained evidence of best interest assessments. Staff had a good working knowledge of the principles of the MCA.

People were supported to maintain a healthy diet. People's nutritional needs and preferences were recorded in their care plans, and kitchen staff were knowledgeable about specialist diets. People's nutritional health was regularly monitored using recognised tools such as the Malnutrition Universal Screening Tool (MUST). MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition) or obese. People were offered a range of food based on their dietary needs and preferences, and they spoke positively about it. One person said, "The food is really good. I'm on

[named specialist diet]. They give me what I need. They will change anything to something that I want."

People were supported to access external professionals to monitor and promote their health. Care records contained evidence of staff working with opticians, chiropodists, dieticians, tissue viability burses, speech and language therapists (SALT) and community mental health teams. This meant people had access to healthcare services when needed.

The premises were adapted to meet the needs of people living there. Contrasting colours were used on walls and carpets to assist people who were visually impaired or living with a dementia. Handrails were in place in communal areas, and large, clear signs in place to help people move around the building. A 'dementia garden' had been developed for people living with a dementia to enjoy. People's bedroom doors had not been customised to help people living with a dementia related illness recognise them, but we saw that the provider was currently reviewing how dementia friendly the premises were as part of a 'dementia mapping' project.

Good

Is the service caring?

Our findings

People and their relatives described staff as kind and caring and spoke positively about the support they provided. One person told us, "Staff are very caring." Another person said, "I've been very happy here." A third person told us, "The staff are caring, every last one."

A relative we spoke with said, "[Named person] gets care we're all happy with" and, "The staff are very approachable, very caring, no problems whatsoever." Another relative told us, "Staff are caring." A third relative we spoke with said, "Staff are so kind, so kind." A fourth relative told us, "[Named person] likes living here and now he's happy here. The staff really care, they keep their staff."

The service had received compliments from external professionals. For example, one professional said following a visit in December 2017, 'You can always tell a good home as you have all the same staff since my last visit.'

We saw numerous examples of kind and caring support being delivered during our inspection. In one example we saw one person walking around looking distressed. One member of staff tried to reassure them, but recognised that the person might want to speak with another member of staff. The second member of staff arrived, and both staff members worked together to effectively reassure the person. Later in the day we saw the person sitting and enjoying a snack with the staff involved. In another example we saw a member of staff sitting and explaining to a person what activities were planned for that day, reminding them of times they had enjoyed the activities and encouraging them to participate. The person smiled and said, "I think I will!" When we arrived for our inspection and were first moving around the building staff made an effort to introduce us to people and were able to tell us about their background, families and interests. This meant staff knew the people they supported well.

Staff treated people with dignity and respect. Staff completed paperwork in the dining room so they could spend time and talk with people, but ensured that confidential information could not be seen. Staff moved to quieter, more private areas before discussing people and their support needs. Where people indicated that they would like assistance staff approached them and spoke with them quietly and closely to ask how they could help. Staff used people's preferred names and knocked on people's doors before entering their rooms. One relative we spoke with said, "People are treated with dignity."

Staff promoted people's independence and encouraged people to do as much as possible for themselves. For example, we saw one person asking for support with walking to the dining room. A member of staff assisted with this but asked the person how they would like to be supported and whether they would like to try and walk on their own with support. This meant staff understood the importance of encouraging people to maintain their independence.

The registered manager told us that everyone living at the home had a similar ethnic background and religious beliefs and there was nobody with an obvious diverse need. People were supported to attend church services and local church leaders visited the home the in order to provide religious services. Care

plans contained personalised information to ensure people's needs were met in a way which reflected their individuality and identity.

At the time of our inspection no one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. Policies and procedures were in place to arrange advocacy services where needed and the service had listened to family members as natural advocates for people to learn about people who used the service.

Good

Is the service responsive?

Our findings

People and their relatives said staff provided personalised care that responded to people's preferences and needs. One person told us, "I feel well looked after and treated like an individual." A relative we spoke with told us, "The staff enquired about what were [named person's] likes and dislikes when she first came in."

Before people started using the service their support needs were assessed in a number of areas, including mobility, mental health, continence, nutrition and personal care. Where a support need was identified a care plan was drawn up based on the help the person needed and how they wanted this to be delivered. For example, one person's personal care plan contained details on the routine they liked to follow, the support they wanted and the things they would like to do for themselves. Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences, and records confirmed people and their relatives were involved in these reviews.

Care records also contained a 'My Life' booklet. This was completed by people, their relatives and staff and included lots of information on the person's background, family, interests and things of importance to them. Photographs from throughout people's lives were used to illustrate the booklet. This helped staff to get to know people and focus on them as individuals.

People's communication needs were assessed when they started using the service, and plans put in place to ensure they were able to access information. For example, large print menus had been produced and were available in the dining room to assist people with visual impairments. Pictorial menus were on display for people living with a dementia. During the inspection we saw that staff ensured they were close to and spoke slowly and loudly to people with hearing impairments.

Policies and procedures were in place to support people being discharged from the service. These included a clear process for sharing information with people's relatives and other professionals involved in their care.

People were supported to access activities they enjoyed. The provider employed two activities co-ordinators, and a volunteer 'dementia buddy' also assisted with developing and organising activities. People and their relatives were given a monthly 'social calendar' containing details of the activities on offer. These included parties, film afternoons, art therapy, cooking sessions and exercise classes. People and their relatives spoke positively about the activities available at the service. One person told us, "You have entertainment on regularly here. The gardener brings in his two dogs. He'll play dominoes with us. There are female singers, karaoke, some people get up and dance. We do exercise on chairs." A relative we spoke with said, "They put on a nice little birthday buffet for [named person]. Activities are good. [Named person] has taken part in arts and crafts and she enjoys the entertainment."

Policies and procedures were in place to support people with end of life care. The provider's end of life care policy was based on national guidance, and staff received end of life care training. During the inspection we spoke with the relative of one person who had received end of life care. The relative spoke highly of the care delivered by staff, saying, "They managed his condition with district nurses coming in. During the last 11

days of his life, family members stayed with him the whole time. Even the owners popped in to see Dad. He appreciated that. It's all about the people and their relatives." When people passed away a memorial candle and poem were displayed to help people and staff remember them and manage their loss.

The provider had a complaints policy, and people and their relatives said they were aware of it and knew how to raise any issues they had. One person told us, "If I had a concern I would know the person to see." Records confirmed that where issues had been raised they had been investigated in line with the provider's policy.

Good

Is the service well-led?

Our findings

Staff spoke positively about the culture and values of the service and said they were supported by the provider and registered manager. One member of staff told us, "We have a great team and the manager is very supportive and kind." Another member of staff said, "The manager is excellent and so supportive and the owners are lovely and so caring, they always provide what we need." A third member of staff told us, "I have worked in a few homes, this is by far the best. So family like, a pleasure to come to work."

People and their relatives spoke positively about the management of the service, and said the provider and registered manager were visible presences around the home. One relative said, "The manager is very approachable."

Feedback was sought from people and their relatives through an annual survey and at regular meetings. Feedback surveys were also sent to external professionals supporting people at the service. The last survey was carried out in September 2017, and the results analysed and turned into an action plan by the provider. For example, some people and relatives had said the décor of the premises could be improved. This led to new dining room furniture being purchased. The results also contained positive feedback about staff at the service. One relative had written, 'May we nominate [named member of staff] to have an award. She went far above and beyond the call of duty for [named person] recently. In fact, almost all your staff deserve awards. They are magnificent.' People and their relatives said they were encouraged to raise issues at meetings, and these were acted on. Regular staff meetings also took place, and staff said they found these supportive.

The registered manager and provider carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Audits carried out covered care plans, infection control, staffing, the environment and training. Where issues were identified by audits, records confirmed that remedial action was taken.

The provider was working on a number of projects to enhance the wellbeing and quality of life of people living at the service. The provider had written to a local school to propose a series of mutual visits between pupils and people at the service. A 'lifestyle improvement' survey had been carried out in September 2017, where people were asked to suggest three things that would improve their quality of life. A dementia café had been held in October 2017, where people and their relatives were invited to take part in a baking session adapted for people living with a dementia. Regular charity events were held at which people raised money for causes they had supported before moving into the service. A 'dementia care mapping' project was underway, which involved staff taking turns to carry out observations of care delivery and see if they could improve it for people living with a dementia. This had led to changes of staff practice. For example, during mealtimes tables were now cleared only after people had moved away from them to avoid causing unnecessary confusion or distress.

Services that provide health and social care to people are required to inform the CQC of important events

that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.