Loxwood House Ltd

Loxwood House Residential Home

Inspection report

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Ratings

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

Overall summary

We inspected Loxwood House over two days on the 6 and 8 May 2015. Loxwood House is a care home located in Hove. It provides care and support for up to 12 people. At the time of the inspection the home had eleven people living there. Five people required specialised dementia care while six people were living with a learning disability. One person had a dual diagnosis. The youngest person was aged 49 though most people were aged over 60 years. One relative told us "It's got a very good feeling. It may change over time I suppose as more people living with dementia move in but the changes have been well managed. They haven't lost sight of the individuals that live here and it's tailored to their individual needs."

Accommodation was provided in a residential area of Hove. It was arranged over three floors. The first floor was accessible by a stair lift. The environment to support the needs of those with a learning disability and those living with dementia. The home had communal lounges, dining area and an attractive and fully accessible garden.

Summary of findings

We saw there was an unacceptable delay between a visit by a health care professional and the person receiving the medicine they were assessed as requiring. People's medicines were stored safely and in line with legal regulations.

There was a registered manager in post. They were also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives spoke positively of the home and commented they felt safe. They were complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. We were told, "The staff are kind and yeah I am happy here."

Staff interactions demonstrated they had built a good rapport with people. Care plans and risk assessments included people's assessed level of care needs and actions for staff to follow. Staff explained how they kept people safe. People told us that their room was kept clean and safe for them. One person said, "I am fine here. I do feel safe."

Health and social care professionals from a range of disciplines visited the home on a regular basis. The provider and staff regularly liaised with GPs, physiotherapists and speech and language therapists.

Staff received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They had a good understanding of the legal requirements of the Act and followed it in their practice.

Care and support plans contained information on people's likes, dislikes and individual choice. Information was available on people's life history and people and families were involved in the development and review of their care plans.

Six people regularly went to morning clubs and day centres on week days and to evening social clubs. A range of group activities were available in the home but were not always participated in by individual choice. One person said, "I have been to Eastbourne today. I went to the shops and had pasta for lunch". As well as group activities, people were supported to maintain their hobbies and interests. People received 1:1 support in activities as part of their day.

There was a varied menu, which was planned and changed on a regular basis and reflected the time of year. Everyone we spoke with was happy with the food provided. Their dietary needs and preferences were recorded. People told us that their favourite foods were always available. People were supported to eat and drink enough to meet their nutritional and hydration needs. Staff used their knowledge of people's likes and dislikes where they found it difficult to make an active choice.

Staff understood their roles and what was expected of them in terms of delivering good personalised care and support. There was sufficient day to day management cover to supervise care staff and care delivery. The management structure at the home provided consistent leadership and direction for staff. The provider carried out regular audits and monitored the quality of the service.

Management and staff were committed to a culture of continuous improvement. A healthcare professional told us, "There is always a welcoming environment and always someone to talk to. I have no negatives to say." Feedback was regularly sought from people, relatives and staff. Meetings were held in which decisions relating to the home were discussed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement 

Loxwood House was not consistently safe.

People did not always receive their medicine on time. Medicines were stored and administered safely.

There were enough staff on duty each day to cover care delivery, cooking and management tasks.

Staff understood what adult abuse looked like and were clear on how to raise a safeguarding concern.

There were risk assessments that recorded the measures taken to keep people safe.

Is the service effective?

Good 

Loxwood House was effective.

Staff had received training to provide effective care to people.

Mental Capacity Assessments were completed in line with best practice guidelines. Staff understood Deprivation of Liberty Safeguards (DoLS) and what that meant for individuals.

People were given choice about what they wanted to eat and drink and were supported to stay healthy.

Health and social care professionals from a range of disciplines visited the home on a regular basis.

Is the service caring?

Good 

Loxwood House was caring.

People, their relatives and professionals spoke highly of the care delivered in the home.

Staff communicated clearly with people in a caring and supportive manner. Staff knew people well and had good relationships with them. People were treated with respect.

People were supported to dress in accordance with their personalities and lifestyle choice. Care staff were observed speaking about the personal care needs of people sensitively and discretely.

People's dignity was considered and protected by staff so that people were valued.

Is the service responsive?

Good 

Loxwood House was responsive.

Summary of findings

People received personalised care and their needs were identified through regular reviews.

There was a programme of meaningful activities and stimulation for people.

There was a complaints procedure in place and staff told us they would raise concerns.

Is the service well-led?

Good

Loxwood House was well led.

People, their relatives and health care professionals made positive comments about the management of the home. They were open and responsive.

Incidents and accidents were documented and analysed. Processes were in place to monitor and review quality.

Staff were clear on the visions and values of the service. They expressed a commitment to delivering person centred care.

Loxwood House Residential 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. The inspection checked 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 was carried out over two days on 6 & 8 May 2015 and was unannounced on the first day. It was carried out by an inspector and expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection 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 they do well and improvements they plan to make. It included information about notifications. Notifications are changes, events or incidents that the home must inform us about. We contacted selected stakeholders including three health and social care professionals, the local authority and the local GP surgery to obtain their views about the care provided.

During the inspection we spent time with people who lived at the home. We focused on speaking with people who lived in the home, spoke with staff and observed how people were cared for. We spoke with three relatives of people. We spoke with the provider who is also the registered manager, deputy manager, four care staff and the housekeeper.

We observed the support people received. We spent time in the lounges, dining area and garden and we took time to observe how people and staff interacted. Because some people were living with learning disabilities or dementia that restricted their spoken language we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at three sets of personal records. They included individual care plans, risk assessments and health records. We examined other records including three staff files, quality monitoring, records of medicine administration and documents relating to the maintenance of the environment.

The last inspection was carried out on 7 November 2013 and no concerns were identified.

Requires improvement

Is the service safe?

Our findings

People and their relatives told us they felt safe and were confident they were protected from harm. They told us they could speak with the provider and staff if they were worried about anything and they were confident their concerns would be taken seriously and acted on. For example, one relative told us, "I think it's safe for my relative but more importantly they tell me they feel safe and secure within the smaller care home."

We saw that a person was visited by a nurse in the community and assessed as requiring medicine. We saw the record of the visit and the requirement that the person receive antibiotics. We identified during our visit, eight days after the assessment, that the person had not received the medicine. The provider acknowledged the shortfall and identified a lack of communication following the professionals visit. It was accepted that there was confusion in this case about who was responsible for ordering the prescription. Nonetheless, there was an unacceptable delay that led to the person not receiving the medicine they were assessed as requiring for the period. We saw that the provider held a meeting with professionals to discuss the incident to determine how they could ensure there was no reoccurrence. From this, the provider agreed a protocol that all visiting healthcare professionals provided a summary of their visit, including actions arising. This contained clearly delegated responsibilities in the areas, for example, of onward referral and prescription ordering. Agreed processes were discussed and shared with the staff team to ensure that everyone understood and worked within the guidelines. Records, including daily recording sheets, were updated to reflect the changes made.

Medicines were recorded, stored and ordered appropriately. The stock levels of medicines were checked on a regular basis and medicines were administered in line with good practice guidelines.

Medicines which were out of date or no longer needed were disposed of appropriately. We looked at a sample of medicine administration records and found that they were completed correctly, with no gaps identified.

Risks to people were assessed and risk assessments developed. Risk assessments included areas such as mobility and behaviour that can challenge. These provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. Where people's risks had changed in a specific area, assessments had been updated to reflect these. For example, following a change in a person's mobility, their support requirements had increased and additional measures had been put in place to assist them effectively.

Some people could exhibit behaviour which may challenge others, such as anxiety and occasionally, physically challenging behaviour. We looked at the management of behaviour that could challenge and the risk assessments in place to provide guidance and support. People had individual behaviour care plans in place to manage risks to themselves and others. These identified any triggers for the person's behaviours which may challenge staff. They also provided guidance and detailed strategies for staff to follow in situations when managing certain behaviours. Staff understood how to spot and use techniques to try and avoid potentially difficult situations. They responded positively to behaviour that could challenge. For example, we saw that a person could become upset and confused when they perceived that staff wanted to help them physically with a task. It could make them feel vulnerable and they could respond inappropriately - verbally or sometimes physically. Staff explained the person's known behaviours and incorporated the protective measures required to keep them and other people safe.

Staff had completed training in managing people's behaviours that challenged others. We observed staff using distraction techniques, such as sitting and chatting calmly with a person whose anxiety caused them to become verbally challenging and anxious. The behaviours exhibited unsettled other people present and staff intervened quickly and calmly to address the concerns expressed by the person. The situation was well managed by staff who patiently and calmly reassured them.

The provider had developed safeguarding policies and procedures, including whistleblowing. Documentation was in place for identifying and dealing with allegations of abuse. Staff had received relevant training and had a good understanding of what constituted abuse and their responsibilities in relation to reporting it. They told us that because of their training they were aware of the different forms of abuse and were able to describe them to us. They also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon.

Requires improvement

Is the service safe?

Documentation confirmed the provider was responsive to any concern of abuse and neglect and raised safeguarding concerns in line with local protocol. Staff were aware of their responsibility to raise a safeguarding concern with the Local Authority if it was required. The provider addressed the issue of safeguarding and whistle-blowing as an on-going topic within supervision and staff meetings. Supervision is a two-way process that supports the member of staff and enables the development of good practice for individuals. The provider demonstrated that they understood that safeguarding concerns should be raised in a timely manner and demonstrated knowledge of the process.

Staff respected people's individuality and freedom. For example, people could come and go from the home either unescorted if they were doing an activity they were confident and practised at doing, or they left the home with staff or relatives. Risk assessments were devised that helped keep people safe but also respected their autonomy.

There was enough staff to meet people's care and support needs in a safe and consistent manner. The provider told us that staffing numbers were closely monitored and were flexible to reflect people's assessed dependency levels. This was supported by duty rotas that we were shown. We saw staff had time to support people in a calm, unhurried manner. The rota showed where alternative cover arrangements had been made for staff absences. One member of staff told us "Staffing levels here are pretty good and people get the support they need." There were enough staff on duty each day to cover care delivery, cooking, cleaning and tasks such as assisting with giving medicines. People told us there was always sufficient staff on duty to meet their needs.

During our visit we looked around the home and found all areas were safe and well maintained. Checks were undertaken into systems that contributed to making a safe environment, for example the staff call system. External contractors conducted annual tests on portable electrical items, the boiler and water outlets.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff. The DBS helps providers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups of people.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and relevant skills to carry out their roles and responsibilities effectively. Relatives spoke positively about the home, the staff and the care and support provided. A relative told us, "I have never had any concerns. All the staff have the right skills and they know what they're doing."

The provider told us all new staff completed an induction programme. They were required to be assessed to meet standards before they could safely work unsupervised. Training records indicated that staff had undertaken the induction programme and had received all essential training. They had also completed specific training based on people's individual needs and conditions, including dementia, learning disability and behaviour management. Although no new staff had joined the team since its introduction, the provider was aware of the new Care Certificate for social care staff, including what they should know and be able to deliver in their daily role.

All staff we spoke with confirmed they received the necessary training to undertake their roles and responsibilities and felt confident in their ability to do their work well. A member of staff told us "The training is important. We all think we know how best to care for people safely and consistently but the training reinforces the right way of helping people. For example, it showed us why, for some people, their routine is so important." We saw many examples throughout the inspection of staff caring and supporting people in a confident, respectful and professional manner.

The deputy manager told us that regular supervision sessions and annual appraisals were carried out for all staff and we saw appropriate documentation to support this. The deputy manager carried out all supervisions and records showed that staff one to one supervisions happened regularly. All staff had either received their annual appraisal or it had been planned by the provider. This was also confirmed by staff who described the benefits of formal supervision to discuss their work and performance and told us they felt supported by the provider.

Records showed that people had regular access to healthcare professionals, such as GPs, physiotherapists, speech and language therapists, podiatrists and dentists and had attended regular appointments, as necessary regarding their health needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider had submitted DoLs applications in relation to two people at the home. And these were currently being processed by the relevant authority. People's rights were protected as the provider understood and followed the legal requirements in relation to DoLs.

Policies were in place in relation to the Mental Capacity Act 2005 (MCA) and DoLS. The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. The provider was aware of the changes to the interpretation of the DoLS as a result of court rulings and they and staff understood the importance of seeking consent. We spoke with staff to check their understanding of MCA and DoLS. They confirmed they had received training in these areas and demonstrated a good awareness of the code of practice and were able to demonstrate this in relation to a best interest decision to pursue a course of treatment. Clear procedures were in place to enable staff to assess peoples' mental capacity, should there be concerns about their ability to make specific decisions for themselves. For example, the provider worked in partnership with healthcare professionals to ensure the delivery of care and support was in the best interest of people and meeting their needs. Where it was deemed a person lacked capacity a copy of the capacity assessment was available to support the best interests meeting.

People had enough to eat and drink. Drinks and healthy snacks were readily available throughout the day and people were offered a choice of hot and cold drinks at regular intervals or were able to request them at any time. Meals were homemade, freshly prepared and well presented. A relative said, "The food is very good. No complaints whatsoever. I've eaten there with my relative very recently. What I noticed was the quality of the food and that that staff took the time to encourage my relative to eat and drink. Dementia is a funny thing. My relative often doesn't want to eat or drink but staff recognise this and work with my relative to encourage their enjoyment of

Good

Is the service effective?

food and drink." People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. We saw that people were individually consulted about their food preferences each day, in accordance with their personalised method of communication. Staff used their knowledge of people's likes and dislikes where they were unable to make a choice. Where individuals required assistance with eating, during the mealtime, we observed staff providing discreet personalised support.

Good

Is the service caring?

Our findings

People and relatives spoke positively about the caring and compassionate nature of the staff. Everyone we spoke with thought they were well cared for and treated with respect and dignity. A health care professional told us, "I have seen some good care. They demonstrated they met the needs of the service user placed there. Loxwood has been attentive to their personal and health care needs." As well as the feedback about the care provided, we observed practice which was caring and sensitive.

Communication between staff and people was sensitive and respectful. We saw people being cared for and supported with consideration. Staff were calm and professional in their manner, which valued people as individuals. We observed staff involved people as far as possible in making decisions about their care and support. This included giving people time to make decisions about which activities they wished to take part in. We spent time in the communal areas and observed how people and staff interacted. People were very comfortable and relaxed with the staff who supported them and there was frequent, good natured engagement between people and staff.

There was a strong bond between people and staff which was underpinned by the staff's knowledge and understanding of people's needs. Where people had difficulty communicating verbally staff recognised changes in body language and demeanour. Staff maintained a steady stream of appropriate, warm interactions with people, some of whom were not always able to respond in turn. We heard clear, warm and positive language deployed effectively. The use of language, verbal and non-verbal, was considered a key element of good quality care and was significant for how it impacted upon the person's perception of self-worth. For example, we heard the following exchange between a member of staff and a person that was typical of the warm, person centred approach to communication, " I don't know where I am?" and the member of staff responded while speaking softly and directly to the person, " That's okay, you're at Loxwood House."

Maintaining independence was promoted and staff understood the principles of supporting people to be as independent as possible. One staff member told us, "I encourage them to do as much for themselves as possible, like selecting and putting their own clothes on." One person told us, "I want to do things for myself." We saw that this person, who had limited verbal communication, was supported to do things for themselves that achieved their stated goals and gave them a sense of satisfaction.

People were supported to maintain their personal and physical appearance in accordance with their own wishes. People were dressed in clothes they preferred and in the way they wanted. Women were seen wearing their jewellery and people's hair was neatly done. The relative of one person told us, "On Saturday I was there when my relative declined personal care. Staff respected his choice and waited until after lunch when it was again offered. This time my relative accepted it The approach was spot on for my relative and achieved the best results all round." A staff member told us, "Sharing ideas and examples helps you to think about what it's really like for residents living here."

People's dignity was considered and protected by staff. Staff always knocked before entering bedrooms and made sure that doors and curtains were closed when helping them with support, including personal care. Care staff were observed speaking about the personal care needs of people sensitively and discretely.

The provider and staff followed the principals of privacy in relation to maintaining and storing records. There were arrangements in place to store people's care records, which included confidential information and medical histories. There were policies and procedures to protect people's confidentiality. Care records were stored securely on either the home's computer system or in care files. The room used to store records was secure. Personal and private information was not left unattended. Staff had a good understanding of privacy and confidentiality and had received training.

People and their relatives told us they felt listened to and supported by staff. They felt their family members were well cared for. One relative told us, "The staff are ever so kind and always look after people." People were involved in the decision making process about their care. All the people we spoke with confirmed that they had been involved with developing their or their relative's care plans that contained information about them and their life. This information had been drawn together by the person, their family and staff.

People were supported to have effective choice and control over their lives and to be involved in day to day decisions about their support though the difficulty of involving

Good

Is the service caring?

people in discussions affecting choice was acknowledged. The focus was on the decision making process and based on a positive assumption that people could make choices. We saw a variety of visual aids, such as objects, photographs and pictures used to engage people based the principle that people had their own ways of living their lives.

Visitors were welcomed at any time. Relatives told us they could visit at any time and they were always made to feel welcome. The provider told us, “There are no restrictions on visitors”.

Good

Is the service responsive?

Our findings

People told us that the staff responded to their needs and concerns. A relative said they were updated with any changes or issues that might affect their loved one. People's care plans clearly identified their needs and reflected their individual preferences for all aspects of daily living.

People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and how they liked things to be done. One person told us, "The staff are lovely. They listen and look after me. They are wonderful. I am very lucky to have been so well looked after." Relatives spoke positively about the communication with the staff and their involvement in their family member's care. One relative told us "It's got a very good feeling. It may change over time I suppose as more people living with dementia move in but the changes have been well managed. They haven't lost sight of the individuals that live here and it's tailored to their individual needs." A relative told us about the personalised care provided and how responsive the home was to their relatives needs and wishes. People told us how they were involved in choosing activities to get involved in.

We observed staff carried out their duties in a calm, unhurried manner. Staff ensured they spent quality time with people on a one to one basis. We noted that a combination of new and more experienced staff worked at the home. Whatever the length of service of the staff member they demonstrated a sound understanding of people's individual needs and were responsive to their wishes. Communication was effective and we observed staff responded skilfully and consistently to people's requests. They were knowledgeable about individuals and picked up on their needs and wishes. For example, staff noticed when people did not have key possessions with them that gave them comfort. They supported the person to locate their cherished possession so that they felt valued and validated. People on the whole smiled and responded happily to the support offered by the staff.

There was an inclusive and cooperative atmosphere within the home among people and staff. We observed a person as they prepared to go out shopping. Everyone got involved in the preparation for the activity, people as well as staff, as they opened doors and saw the person and carer out safely. On their return people asked how the activity had gone and made friendly enquiries of the person.

People's care and support records accurately reflected their current care needs and those we reviewed fully reflected what staff told us. For example, staff told us about a person who could not fully express their needs verbally but who showed distinctive behaviours if they needed help with aspects of personal care. This was documented in records and was clear and written in a non-judgemental way. The records reflected what staff told us about the person's needs. The provider said they had worked to identify issues relating to the documentary systems used in the home. They were working to review how care plans could be made even more individual. They were also supporting care staff to have more say in drawing up people's care plans with the people they were caring for. The provider acknowledged the expertise staff possessed as it was they who provided day to day care and support.

Activities sessions were held on the afternoon of our visit. Activities varied from indoor bowls, musical sing along to gentle exercise. The people who undertook them engaged with others to establish a nice, communal and jolly atmosphere. This was led by the activities staff member who was formally a member of the care staff. Their knowledge and experience of working with everyone ensured that they were able to personalise their approach. They referred to people by their name and took a variety of approaches to the activities to ensure that everyone who wanted to participate was able to. People who appeared from their body language to have disengaged from others around them up to this point became engaged with the activities. For example, they threw the ball at the target when positively and personally prompted to get involved.

Six people regularly went to morning clubs and day centres on week days and to evening social clubs. One person said, "I have been to Eastbourne today. I went to the shops and had pasta for lunch". As well as group activities, people were supported to maintain their hobbies and interests.

Systems were in place to capture comments and complaints. Procedures had been developed to manage and respond appropriately to any changes that were required following receipt of a complaint. Staff told us how they would raise concerns if they were made aware of a complaint and explained the steps they would take. The

Good

Is the service responsive?

procedure for raising and following up complaints was displayed in both an easy read and written format. The provider told us that staff worked closely with people and their families and any comments or concerns would be taken seriously and acted upon immediately.

People and their relatives told us they were satisfied with the service, they knew how to make a complaint if necessary and felt confident that any issues or concerns they might need to raise would be listened to, acted upon and dealt with professionally. People were made aware of the compliments and complaints system that gave such details as how complaints would be progressed and the timescales for a response. This was also available in a pictorial format to help people understand the process to be followed. It also gave up to date details of external agencies that people could complain too such as the Care Quality Commission and Local Government Ombudsman. People told us they felt listened to and that if they were not happy about something they would feel comfortable raising the issue and knew who they could speak with. Staff told us about how they would respond to any complaints and how a meeting would be held for staff to discuss any issues identified. One relative told us, “I’ve never had to make a complaint but if I did I would go straight to [the provider]”.They felt communication with the home was good. They told us they were kept informed and were always invited to reviews and, where appropriate, their views and suggestions had been included in their family member’s care plan.

We were given examples of how the provider had listened and learned from people’s experiences and what changes were made as a result. We saw that one person’s room was numbered 18 even though the home did not have that number of bedrooms. We asked the person whose room it was about this and found out that they had lived in a house numbered 18 for many years. The number held significance for them and helped them remember their bedroom. The provider had identified and acted to make the positive change.

Good

Is the service well-led?

Our findings

We asked people and their relatives if they thought the home was well-led. People were favourable in their comments. One person said "It's a lovely home." A relative of a person described the provider as "Very good." A health care professional said, "There is always a welcoming environment and always someone to talk to. I have no negatives to say."

The provider had run Loxwood House for many years. They had recently appointed a deputy manager and while the deputy also worked as a nurse elsewhere we heard that they covered duties at the home on a regular basis. The provider told us about other developments that continued to be made, particularly around meeting the needs of people living with dementia who also now lived at the home. The provider was open and honest about how this posed new challenges for them to ensure staff received the training and support they needed to care for people with a diverse range of needs.

The provider demonstrated they had made improvements in the home and were working on further developments. For example, care plans were set out in sections and staff said it was easier to access information about people quickly. People's care plans reflected their current needs. For example, people's care plan had been reviewed every month and had been updated to reflect changes in needs and the reasons for change.

Systems were in place to monitor and analyse the quality of the service provided. These included audits and quality assurance checklists. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits identify what the home does well, highlight shortfalls and areas for improvement. They help drive improvement and promote better outcomes for people who live at the home. The provider consistently completed audits to drive improvement. For example, we saw that audits recording of the use of nutrition and fluid charts as directed by people's care plans, were consistently and accurately completed where they were needed. Audits identified and targeted an area for achievement. The provider and staff worked hard to prioritise them and underlined their importance for people's wellbeing.

There was a system in place for recording accidents and incidents. We reviewed these and found entries included the nature of the incident or accident, details of what happened and any injuries sustained. The provider monitored and analysed incidents and accidents to look for any emerging trends or themes. Where actions arising had been identified, recording demonstrated where it was followed up and implemented. For example, following an accident we were able to see the actions that had been taken and how the on-going risk to this person was reduced.

The provider understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about.

Systems were in place to seek the views of people, their relatives or representatives. Surveys gave the provider with a mechanism to obtain others views. Satisfaction surveys provided the opportunity for others to air their concerns or express praise. It meant they were given a voice to air their thoughts and feelings. For example, people and their relatives had been involved in the development of activities and menus. Relatives and professionals felt able to approach the provider. They told us they felt their views were respected and had noted positive changes based on their suggestions People's views and interests were sought and considered to contribute towards the running of the home.

The provider spoke with us about their values that included a commitment to an open and transparent service. They sought feedback from people and those who mattered to them, such as friends and families, in order to enhance their service. People and relatives told us they felt their views were respected and had noted positive changes based on their suggestions. One person told us, "I'm quite happy."

We asked staff about the culture in the home. A member of staff told us the provider's door was always open and they could raise matters with them whenever they needed to. A care worker told us they had taken a problem to the provider and it was sorted out immediately. A member of staff told us because of the people and culture in the home "It's a good place to work."

Good

Is the service well-led?

Management was visible and active within the home. The provider told us they liked, “To lead from the front”, and was regularly seen out and about around the home, interacting warmly and professionally with people, visitors and staff. People appeared relaxed in the company of the provider and it was clear they had built a rapport with individuals for whom they expressed a great deal of respect. On a day to day basis, the provider gave the guidance and leadership required to maintain a well led service. In the absence of the provider or deputy manager a senior member of staff was identified to lead the shift with the provider providing on-call support. An auditor completed structured visits and had developed the provider’s quality auditing tool to review the service. Actions arising in areas as diverse as safeguarding, care plan documentation and management of medicines were recorded with a timescale for response and review, if appropriate.

The provider was committed to on-going improvement in the home and was able to describe key challenges looking forward. Throughout the inspection process itself the provider was open and responsive to the issues we discussed. They told us, “People tell me that they like the atmosphere here at Loxwood and also my accessibility. The staff work hard but there is always room to improve.”