Croftwood Care UK Limited

Loxley Hall

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Loxley Hall is a care home providing regulated activities personal and nursing care to up to 40 people. The service provides support to older people. At the time of our inspection there were 35 people using the service.

People's experience of using this service and what we found
Risk assessments were not always in place to guide staff on how to safely support people with specific health conditions and medicines were not always managed safely. Information regarding some agency staff was not always available and the information provided to agency staff on how to provide people with safe care was not always up to date.

There were a range of audits completed by the provider and manager, however some aspects of the care service needed to be reviewed following this inspection.

Feedback received from relatives was positive regarding the care being delivered to people living in the home. It was observed during the inspection that people were comfortable and happy in the presence of staff who interacted with them in a caring and patient manner.

Systems and processes were in place to safeguard people from the risk of abuse. Relatives told us they felt their loved ones were safe with staff. GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary and in a timely manner.

Accidents, incidents and complaints were managed appropriately and monitored. Infection prevention and control standards were also monitored and managed appropriately. A family member told us "They've done really well over Covid."

Staff were recruited into their roles safely and there were enough staff available to safely meet people's day to day needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection
The last rating for this service was good (published 4 September 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risk management, medicines management and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Loxley Hall

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team
This inspection was carried out by two inspectors 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.

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

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection
We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with five relatives about their experience of the care provided to their family members. We spoke with four members of staff, the deputy manager and area manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found and the provider was able to provide evidence of actions taken following the inspection.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not managed safely.
- The provider used an electronic medication administration record (EMAR), we identified that there were duplicate entries on EMARS. There had been a recent change of pharmacy however, this should have been identified by the home and not the inspectors. This meant that we could not be certain what medicines had been safely administered to people.
- We identified that EMAR entries did not match the actual stock of medication held in the home.
- Topical charts (cream medications) did not show regular or consistent administration of creams. This meant we could not be certain that the medicines had been appropriately administered.
- Medications to be given as and when needed did not have the appropriate information in place to ensure safe administration.

The provider failed to manage medicines safely so people were placed at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Care plans did not always hold appropriate information regarding people's health needs. We identified these were not always adequately described, or risk assessed for staff to be aware of.
- Examples of this included people living with conditions such as Parkinson's disease, dementia or other physical needs. There was little or no information in a person's care file about these conditions, how it impacts on their day to day life, or how it impacts on the support they require and early warning signs of a health decline.
- Daily records did not always show that people received the care they needed to minimise the risk of harm. For example, monitoring of fluid intake or catheter output to mitigate the risk of dehydration and specifically advised exercises or appropriate repositioning.

The provider had not ensured risks in relation to people's care were properly managed to prevent avoidable harm. This is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular health and safety checks of the environment had been completed. Service agreements and safety certificates were all in date. However, we identified water temperature checks were not appropriate to

ensure the reduction of risk regarding legionella. This was brought to the attention of the management who assured us that this would be immediately actioned.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment
● Staff files we looked at held the appropriate information needed to ensure fit and proper persons were employed. All staff had had a criminal background check in place.
● During the inspection there appeared to be an appropriate number of staff on duty to safely meet people's needs.
● Agency staff were deployed at the home , however not all agency staff who worked in the home had the evidence to confirm their fitness and suitability, such as proof of identity and training history.
● Following the inspection, the provider sent evidence that this had been actioned and a new system had been put into place.

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

Visiting in care homes
● The provider's approach to visiting aligned to government guidance.

Learning lessons when things go wrong
● Appropriate systems were in place to monitor and review accidents and incidents.
● Accidents and incidents were reviewed regular to establish patterns and to minimise future occurrence.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Checks carried out on the quality and safety of the service were not always effective.
- The provider had completed internal audits, however they failed to identify areas for improvement such as the management of risk and medicines and the safe recruitment of agency staff.
- Important information about people at risk was not always effectively communicated to agency staff. For example where a person was prescribed thickening agent in fluids to minimise the risk of choking.

The provider had failed to operate effective systems to ensure the quality and safety of the service which placed people at risk of harm. They had also failed to maintain accurate and up to date records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager deputy manager and area manager were open and transparent and discussed in depth with inspectors the issues they had identified within the service, and how they were addressing immediate concerns.
- The manager and provider had shared information with the CQC as required.
- The provider recognised when staff needed to have accountability for their actions and disciplinary processes were in place and followed when appropriate.

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

- Systems were in place to gather the views of people living at the home and staff.
- Care plans held information regarding how people wished to live their lives and how they were able to communicate their wishes.
- Staff meetings and supervisions took place regularly to share information and learning with the staff team.

- Referrals to other health and social care professionals were made in a timely manner when people needed additional support.
- Relatives gave positive feedback regarding their experiences of the care their loved ones received. Their

comments included "The home has a nice atmosphere, and that the staff have a nice rapport with the residents and relatives." Another relative told us how they believed the home to be well managed, "Simply by the attitude of the staff."

● Relatives felt that the positive attitude came from the management and found the manager very approachable. They had no concerns or complaints and felt that changes to the visiting arrangements had been "Well explained." Relatives said they would recommend the home.

Continuous learning and improving care

● All staff across all departments undertook training that the provider deemed appropriate for the safe provision of care to people living in the home.

● The deputy manager and area manager approached the inspection with transparency and they immediately actioned issues we found during the inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure risks in relation to people's care and medicines were managed safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. The provider had failed to maintain accurate and up to date records.