

Signature at Loxley Park (Homecare) Limited

Loxley Park

Inspection report

Loxley Park
8 Loxley Road
Sheffield
South Yorkshire
S6 4TF

Tel: 01142321583

Date of inspection visit:
14 October 2016

Date of publication:
08 December 2016

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 unannounced inspection took place on 14 October 2016. We last inspected the service in July 2014 and identified no issues under the regulations that were in force at the time.

Loxley Park provides personal care to people who live in self-contained apartments in the complex of Loxley Park. Care and support is available over a 24-hour period and is currently being utilised by 40 of the 75 residents.

The service had 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.

The service had sufficient appropriately recruited staff available to support people. As part of their recruitment process the service carried out appropriate background checks on new staff and included people who used the service on interview panels.

Care plans were subject to regular review and were easy to read. They were based on assessment and reflected the needs of people. Risk assessments were carried out and plans were put in place to reduce risks to people's safety and welfare.

Where people were not able to make important decisions about their lives the principles of the Mental Capacity Act 2005 were followed to protect their rights. Staff were aware of how to identify and report abuse. There were also policies in place that outlined what to do if staff had concerns about the practice of a colleague.

The service managed medicines appropriately. People were supported to maintain their health and to access health services if needed. People who required assistance with eating and drinking received it and had their nutrition and hydration support needs regularly assessed.

Staff had developed good relationships with people and communicated in a professional and caring manner. People told us they treated staff as friends. They were aware of how to treat people with dignity and respect. Policies were in place that outlined acceptable standards in this area. □

There was a complaints procedure in place that outlined how to make a complaint and how long it would take to deal with. People were aware of how to raise a complaint and who to speak to about any concerns they had. The registered manager understood the importance of acknowledging and improving areas of poor practice identified in complaints.

The home was well led by a registered manager who had a vision for the future of the service. A quality assurance system was in place that was utilised to improve the service. An electronic quality assurance system was in place that allowed the registered manager to monitor staff performance at all times.

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 was sufficient staff to provide support to people.

Appropriate pre-employment checks had been carried out.

Staff understood how to identify and report potential abuse.

Is the service effective?

Good ●

The service was effective.

Staff had received appropriate training.

The service worked in conjunction with other health and social care providers.

People received adequate support with nutrition and hydration where necessary.

Is the service caring?

Good ●

The service was caring.

People told us that staff were caring.

People told us that staff treated them with dignity and respect.

There were plans and procedures in place to ensure that people's privacy was protected.

Is the service responsive?

Good ●

The service was responsive.

Care plans were written in a clear and concise way so that they were easily understood.

People were able to raise issues with the service in a number of ways including formally via a complaints process.

People were supported to access activities if they chose to.

Is the service well-led?

The service was well led.

The registered manager had clear ideas about what the service should provide.

Staff told us they felt supported by the registered manager and her deputy.

There was a quality assurance system in place which included daily monitoring of staff performance.

Good ●

Loxley Park

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 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.

This inspection took place on the 14 October. We gave the provider 24 hours notice to ensure that there were senior staff present at the service when we inspected.

The inspection was carried out by an adult social care inspector.

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 the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We spoke with four of the people who used the service and two relatives. We also spoke with seven staff including the registered manager.

We looked at four records of written care and other policies and records that related to the service. We looked at two staff files which included supervision, appraisal and induction. We saw a record of training and a training plan. We looked at quality monitoring documents.

Is the service safe?

Our findings

We spoke with people who used the service and asked them if they felt safe at Loxley Park. One person said, "Yes we feel safe." Another person told us, "Yes, they are always there in the background."

We spoke with the registered manager and asked how they ensured there was sufficient staff to meet people's needs in times of crisis or when people required additional support. They explained that staffing levels were based on people's needs and if those needs changed staffing levels could be increased by offering extra hours to staff within the service.

During our inspection we looked at the duty rota and compared it to the needs of the people that Loxley Park provided support to. We saw that there sufficient staff to meet the identified needs of the people who used the service, this included at night.

Staff were able to demonstrate their knowledge on how they protected people from bullying, harassment and avoidable harm. Staff explained that they had all had training that ensured they were able to protect vulnerable people from abuse. Staff were able to tell us what kinds of abuse there were and how they would raise concerns about them. If staff were concerned about the actions of a colleague there was a whistleblowing policy. The policy gave clear guidance as to how to raise concerns. This meant that staff could quickly and confidentially highlight any issues they had with the practice of others.

Providers of health and social care services are required to tell us of any allegations of abuse. The registered manager of the service had informed us promptly of all allegations, as required. From these we saw, where staff had concerns about a person's safety, both the staff and the registered manager had taken appropriate action.

Safe systems were used when new staff were recruited. The service gave assurances that all candidates for jobs completed an application form and underwent a formal interview with senior staff and people who used the service present. If they were successful criminal records checks were carried out and references sought. We saw staff records that confirmed this.

Potential hazards to people's safety and welfare had been identified and actions taken to reduce or manage any risks. We saw that people's written records of care held important information for staff about hazards and the actions to take to manage risks to themselves and the person they were supporting. For example some people were identified as having poor mobility, staff knew to ensure that they had the correct equipment available to them, such as a walking frame. The registered manager kept a log of all accidents and incidents and used this information to further reduce risks.

There were contingency plans in place to deal with emergency situations such as fire or power cuts. For example people had personal evacuation plans which outlined how they would be kept safe in a fire. There was a routine fire alarm test on the day of our inspection. This demonstrated that the provider was ensuring necessary safety equipment was in working order.

The people who used the service lived in their own homes and therefore stored their own medication. The service was commissioned to provide support to some people with their medicines. Where this was the case we saw that medicines were managed appropriately.

Staff had access to protective clothing such as gloves and aprons while carrying out personal care. Staff told us that infection control was part of their induction training and was regularly updated. This helped to ensure that people were cared for by staff who followed appropriate infection control procedures.

Is the service effective?

Our findings

We spoke with people who used the service and asked if they thought the staff knew how to support them properly. One person said, "Yes they do." A relative commented, "Staff are very good, they are very detailed."

We spoke with staff and asked them if they felt well supported and appropriately trained. All staff told us that they were supported by registered manager. One member of staff said, "The manager and her deputy are always there to support us. Another told us, "I know I can go to them if I have a problem." The staff told us that they were given a wide variety of training, one stated, "We are inundated with training!" Another commented, "I've been well supported whilst doing my care certificate."

All of the staff we spoke with told us that they had received induction training before working in the home. They said they worked with experienced staff to gain knowledge about how to support people before working on their own. Where people had complex needs we saw that the staff who supported them had received specialist training in how to provide their care. For example the district nursing team had provided training in stoma care. The training included assessing staff's competencies to carry out procedures in relation to this.

Systems were in place to record the training that care staff had completed and to identify when training needed to be repeated. In addition to the training that the provider deemed mandatory, additional training was available, for example vocational qualifications such as the care certificate. Training records we looked at confirmed that staff had completed training and were subject to on-going assessment to ensure they remained competent.

The registered manager was ensuring that supervision and appraisal sessions were carried out regularly and in accordance with the provider's policy. Records we looked at confirmed this. Supervision sessions gave staff the opportunity to discuss training required or requested and their performance within their roles. Staff were able to discuss all elements of their role during supervision sessions and topics discussed included any issues that related to their work, directly or indirectly.

People we spoke with lived as independently as possible at Loxley Park. We saw that the service supported people to continue living independently for as long as they were able. The service noted when people lacked or had reduced capacity to make some decisions and acted in accordance with the Mental Capacity Act 2005.

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. We noted the service was working within the principles of the MCA.

People we spoke with told us that they were always asked for their consent before staff supported them to

do something. Staff told us that they would not provide any support without first asking for permission. Care plans in the home contained references to consent throughout.

We spoke with people who used the service and asked if they were satisfied with the nutritional support they received. People told us, "The food is excellent"

We looked at how staff supported people to take adequate nutrition and hydration. We saw there was a restaurant with waiting on service within the building. In addition people could have meals served in their apartments or cook for themselves if they chose to. The restaurant was frequented by many of the residents of Loxley Park as well as those receiving support with their care.

Staff supported people to take a good diet both within their apartments and at the restaurant if they wished. This gave staff the opportunity to monitor people's food and fluid intake. In addition to this people had support plans in place if there was concerns around nutrition. Each person receiving care had a nutrition and hydration assessment in place, the outcomes of which were shared with Loxley Park's kitchen staff. We spoke with the kitchen staff and it was clear that they were aware of people's different needs, including those who required a fortified diet or a diet suitable for diabetics.

Individuals' care records included guidance for staff about in what circumstances they should contact relevant health care services if an individual was unwell. We found evidence to show people who used the service could be confident they would be supported to access appropriate health care services, for example a visit from a GP. People told us that if they needed to go to hospital or other important appointments staff would accompany them to ensure they were appropriately supported.

Is the service caring?

Our findings

We spoke with people who used the service and asked them if they thought the service provided good care. One group of people told us, "Care is excellent, we treat the staff like friends." A relative said, "They are marvellous, wonderful."

Throughout our inspection we observed staff supporting people in a kind and caring way. Staff told us they knew the people who used the service well and had worked hard to build positive, caring relationships with them.

We looked at people's written records of care and saw that care plans were devised with the person who used the service or their relatives. People were encouraged to express their views about their care and their likes and dislikes. Staff used this information to ensure that people were supported in a manner of their choosing. This meant where possible, people were actively involved in making decisions about their care treatment and support. A relative confirmed this and told us, "They really involve people."

The service ensured that people lived as independently as possible which was reflected in people's support plans. We observed people going about their day to day lives with appropriate levels of support to enable them to do so. Care plans clearly identified the level of support that people required and gave staff clear instructions about how to promote independence.

People we spoke with told us that staff always spoke with, and treated them, in a respectful manner. For example they always knocked on doors and waited for permission before entering people's apartments. The service had robust policies in place that referred to upholding people's privacy and dignity. In addition the service had policies in place relating to equality and diversity. This helped to ensure people were not discriminated against.

Staff were able to explain to us how important it was to maintain confidentiality when delivering care and support. The staff members we spoke with were clear about when confidential information might need to be shared with other staff or other agencies in order to keep the person safe.

The registered manager had details of advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care. The registered manager described what they would do to ensure that individual wishes were met when this was expressed either through advocacy, by the person themselves or through feedback from relatives and friends.

At times the service had supported people towards the end of their lives. The service had policies, procedures and training in place to support people who required end of life care. Staff had the appropriate skills to be able to provide this support. This included offering support to people's families as well as to the person themselves. The service worked alongside other providers to ensure that this care was carried out

correctly.

Is the service responsive?

Our findings

We asked people if the service was responsive to their needs. A group of people told us, "If we buzz for them [staff] they are there in a flash."

When people were first referred to the service an assessment of needs was carried out. This included assessing their mobility and their physical and mental well-being. The information was then used to write a care plan. This was then further developed and reviewed on a regular basis. It was also reviewed as people's needs changed. Written records outlined the support that people required in all aspects of their life.

The service formulated clear and concise care plans that were easy to understand. Staff had written daily notes that corresponded with people's plans of care. People who used the service had access to their care plans as a copy was kept in their homes. We saw evidence that confirmed that where possible people had been consulted with about their care plans. People had been able to express their wishes and preferences as part of the process and this was in line with what staff delivered. Reviews of care plans were carried out regularly and involved the person receiving support, their relatives and health and social care professionals.

We found examples of the service taking in to account people's changing needs. This included increasing the frequency of visits if people became physically unwell.

Where people were supported by more than one provider, the registered manager described how they liaised with both the other providers and the commissioners of the service to ensure that there were clear lines of communication and responsibility in place.

The underlying model of care at Loxley Park was one of promoting people's independence. People who lived there engaged in the community either in, or outside of, Loxley Park. There was a dedicated minibuss that took people to a variety of shops for groceries though some people had their own vehicles. In addition the minibuss was utilised to visit local places of interest and events. Within Loxley Park there was a dedicated activities team that organised entertainment as well as facilitating crafts and hobbies. We observed a knitting club and noted that several people had taken advantage of the extensive grounds which included woodland and a lake.

We asked people if they knew how to raise concerns about the service they received. People told us that they felt comfortable telling someone if they were unhappy about anything at Loxley Park. One person said, "If there is any query they sort it immediately." A relative added, "If there are any problems at all they deal with them."

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. The registered manager showed us responses to recent minor issues

that people had raised. Where appropriate the responses included an apology and an action plan outlining what would be done to prevent further recurrence of the issue. The registered manager explained that wherever possible they would attempt to resolve complaints informally.

Is the service well-led?

Our findings

We spoke with people and asked them about their experience of the leadership within the service. One person told us, "We know senior staff here well." A relative stated, "They are fantastic, they look after you, you do not go away and worry." The registered manager demonstrated knowledge of each person we spoke with them about and it was clear she had good relationships with people who used the service. The staff told us they felt supported by the registered manager and said, "We know we can go to them if we are worried about anything."

The registered manager of Loxley Park told us, "I want to continue to manage a quality service, excel and be the best we can. I want people to be happy and safe and I want to maintain our good reputation."

People were asked for their views about the support they received. The registered provider had sent out quality monitoring questionnaires so people and their relatives could share their experiences with them. We looked at the returned questionnaires and saw many positive responses. The registered manager used the information to help improve the service. This included improvements to the overall environment as well as changing the types of biscuits available following comments people had made.

In addition to this the questionnaires were sent to staff, relatives and visiting professionals. This enabled them to contribute to the improved running of the service. There were also regular staff meetings held with members of staff so that important issues could be discussed and any updates could be shared. These were clearly recorded so that members of staff who were not able to attend could read them afterwards. We observed staff coming to speak with the registered manager throughout our inspection.

The registered manager carried out checks on how the service was provided in areas such as care planning, medication administration and health and safety. She was keen to identify areas where the service could be further improved. The registered manager had access to an electronic system that monitored staff performance in 'real time'. The system recorded when staff entered people's apartment, staff then inputted data as they completed each care task. Each care task was recorded in the care plan, for example, 'Greet [name], make cup of tea, ensure [name] is warm' etc. This meant that the manager was able to monitor multiple staff while they carried out their duties to check they were providing care safely and as detailed in people's care plans. This helped the registered manager to monitor the quality of the service provided.

All audits and checks were shared with the registered provider who visited the home regularly to monitor quality.

During the inspection the registered manager and senior nursing staff were keen to work with us in an open and transparent way. All documentation we requested was produced for us promptly and was stored according to data protection guidelines.

The registered manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Records were kept of incidents, issues and complaints and

these were all regularly reviewed by the registered manager in order to identify trends and specific issues.